

2. International Infant Child and Adolescent Psychology Congress



Main Theme: Trauma



Date: October 29th - 30th - 31st 2021

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"2ND INTERNATIONAL INFANT CHILD ADOLESCENT PSYCHOLOGY CONGRESS WAS HELD ON OCTOBER 29-31"

The second of the International Infant Child Adolescent Psychology Congress, which was held for the first time last year, was held between 29-30-31 October 2021, hosted by Istanbul Rumeli University, Varna Free University and Child Family Development and Education Foundation (ÇAGEV). The opening speeches of the congress were made by ÇAGEV President and Istanbul Rumeli University Faculty Member Dr. Elif Erol and Varna Free University Rector Prof. Dr. Performed by Petar Hristov. At the opening and closing ceremony of the congress, young talented pianist Eylül Akçay stunned with her impeccable performance.

America, England, France, Bulgaria, Estonia, Turkey for three days in order to think about our common trauma, Covid 19, social and individual traumas, migrations, refugees, asylum seekers, the psychological effects of natural disasters on us, to make sense of what happened and to support producing solutions. 24 speakers from 6 countries, including experts in their fields, supported the "International Infant Child Adolescent Psychology Congress" with their rich presentation content. The congress, in which 23 scientific papers were presented, could be realized as a result of a large team effort, including universities, foundations and agencies.

Istanbul Rumeli University Rector Prof. Dr. While Hazım Tamer Dodurka was giving his closing speech, he also announced the winners of this year's best paper award of the congress. Yasemin Kahya and her teammates won the best paper award this year for their scientific study titled "A Follow-up Study: Maternal Childhood Neglect and Postpartum Emotional Dysregulation as Predictors of Emotional Dysregulation in Children". With the meditation and grounding work commissioned by MBSR and MBCT Instructor Alev Elmas, the congress was ended by trying to alleviate the spiritual burden that might have been caused by listening to trauma for three days.



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- **CHILDHOOD TRAUMAS**
 - **EFFECTS OF COLLECTIVE TRAUMA ON CHILDREN**
 - **THE PSYCHOLOGY OF REFUGEES**
 - **THE PSYCHOLOGY OF IMMIGRANTS**
 - **CHILDREN IN THE PANDEMIC**
 - **LOSS OF PARENTS**
 - **THE BIRTH TRAUMA**
 - **CHILD ABUSE AND NEGLECT**
 - **ADOPTED CHILDREN**
 - **CHILDREN IN INSTITUTIONS**
 - **EARTHQUAKE TRAUMA**
 - **FLOOD TRAUMA**
 - **PARENTS AND CHILDREN WITH CANCER**
 - **SEPERATION**
 - **TRAUMATIC EFFECTS OF DIVORCE**
 - **INTERGENERATIONAL TRANSMISSION OF TRAUMA**
 - **CHILDREN WITH CHRONIC DISEASE**
 - **ABANDONED CHILDREN**
- 

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Rector



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VARNA FREE UNIVERSITY

Varna Free University “Chernorizets Hrabar” is the largest private university in Bulgaria. It is an established academic center that combines the training of Bulgarian and foreign students in priority areas for the country and creates an internationally convertible and competitive scientific and academic product. It teaches over 5000 students in more than 67 bachelor's and master's programmes and 29 PhD programmes.

ISTANBUL RUMELI UNIVERSITY

Istanbul Rumeli University is a foundation university established in Istanbul on April 23, 2015. Bringing the scientists needed by the society to the country; Istanbul Rumeli University, which aims to raise knowledgeable, modern, well-equipped, researcher young people, aims to be a center of excellence.

CHILD FAMILY DEVELOPMENT AND EDUCATION FOUNDATION

The Child Family Development and Education Association (ÇAGEDER) was established in 2012 and (ÇAGEV) in 2014, as a result of the decision to continue the individual voluntary work under the umbrella of an association. The aim of the Child Family Development and Education Foundation is to help families and children psychologically and pedagogically in raising healthy children so that healthy generations can be formed.



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SPEECH SUMMARIES



SPEAKERS

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LMFT, Sexual Therapist, USA

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Zeynep Seda Albayrak /

Child & Adolescent Psychiatrist, Turkey



MAKING FRIENDS WITH THE BODY AFTER CHILDHOOD SEXUAL ABUSE

Ariel GJARRETTO

The long-term, devastating effects of sexual trauma are no secret. As clinicians, we witness shame, dis-embodiment, self-loathing, destructive behaviors and the tendency to be attracted to abusive relationships, to mention a few.

How do we support these clients in recovering from the trauma, without re-traumatizing? How do we help them develop a healthy relationship with their bodies, as well as learn to gravitate to safe partners, and safe situations?

Using the gentle trauma renegotiation model of Somatic Experience (SE) as a foundation to her treatment model, renowned trauma specialist and sex educator, Ariel Giarretto will present ways of understanding sexual trauma through the lens of the SE model. Ariel will discuss how our physiology responds under threat, and what is needed to work effectively with this in your practice. An essential part of her work with sexual trauma involves techniques that support clients in finding ease and pleasure in their bodies, regardless of their history.

CHILD SEXUAL ABUSE PREVENTION: #KARANLIĞIARALA #BİRŞEYSÖYLEYİN HAREKETİ

Ayten ZARA

Child sexual abuse is the most difficult to detect and often remains hidden. It is undoubtedly difficult to investigate the phenomenon of abuse especially in a society like Turkey, where even talking about the concept of sexuality is suppressed. It is thought that only 5-10% of the sexual abuse cases come out in Turkey. Education sector workers and families need to be educated about child sexual abuse in order to prevent child sexual abuse. Children, on the other hand, need to be educated about their own bodies. Unfortunately, sexual abuse is a very difficult area to talk about and society still resists the idea that family members and relatives can have a potential to sexually abuse children. In particular, the belief that the family system should be protected at all costs also causes neglect and abuse to remain hidden and prevents the implementation of research and preventive programs.

Together We Can Prevent Child Sexual Abuse – the movement of #karanlığıarala #birşey söyleyin (19-21 November, 9-12 April) aims to build a common conscience and consciousness that will protect children from sexual abuse by reaching all segments of society.

A history of childhood trauma and repeated exposure to trauma are very common in substance abusers. Studies show that 2/3 of individuals in substance treatment programs are exposed to physical trauma, sexual abuse or emotional neglect. Prohibition of self-care, self-distraction and self-pace learning practices may be early predictors of the use of substances and other pacifiers. The infant's capacity to understand his needs, the way he nurtures and protects plays an extremely important role in self-development. The trauma in the history of the addicts is the early interruption of the mother-infant unit and its repetitive nature. In the mother-infant unit, recurrent frustrations, while the infant is not yet separated, cause alexithymia, anhedonia, impaired regulation of affect, inadequacy in self-relaxation, self-soothing and self-care; Denial of the rigid, punitive superego and deprivation of the protective function of the superego sheds light on both the relationship between trauma and addiction and why addicts become more traumatized (Tamar Gürol, 2011). In the early literature of psychoanalysis, while the nature of addiction was discussed, the effects of the pleasure of substance use were generally emphasized; oral eroticism has been handled as an attempt to trigger a regressive, narcissistic and pleasurable state (Goodman, 1993; Freud, 1905). In the current psychoanalytic literature, addiction studies focuses on more observable and structural disorders that affect emotion, self, interpersonal relationships, and self-care capacity (Khanzian, 1987). Contemporary theories refer to the development of addiction, impaired self-care and affect regulation, and superego pathology. All of these are signs of dysfunctions in the self-regulation system. In the first part of this conference, the relationship between early trauma experiences and addiction was discussed within the framework of Winnicott's developmental theory.

In the second part of the conference, the reflections of the above-mentioned self-regulation system disorders or inadequacies on the Rorschach and Thematic Perception Test (TAT) protocols, which are projective tests, were discussed. In the protocols of patients diagnosed with alcohol and/or substance use disorder, and in the psychoanalytically oriented pre-interview before the application, the inadequacies of the caregiver's inclusion function, the difficulty in connecting and reflecting the emotions to the design, and the disorders related to the superego structure were analyzed with the content analysis method specific to these tests, adhering to the French School. The undeniable frequency of childhood trauma stories in alcohol-substance use disorder is associated with the inadequacy of verbalization and mentalization capacities, the sense of abandonment, and the ability to identify with the perceived object in the projective material and to convey inner feelings and thoughts, which refers to the internalization capacity as well as the intellectual capacity of the person (İkiz, 2017) related to the absence of movement responses (Erdoğan, Ergelen, & Tamar Gürol, 2021) has been discussed within the framework of current psychoanalytic literature.

The COVID-19 pandemic has brought us more to the resources and capacities we acquired in our early lives; We have been faced with an epidemic that affects the whole world, changes our lives, and overturns our routines. The epidemic process has been a new and unknown situation for all of us. All humanity has learned many concepts and situations for the first time and together, and has experienced and lived through a shared trauma and loss. COVID-19 has posed a deadly threat that attacks our most primitive side, our basic existence, a situation where our survival or death comes to the fore. The sense of inner security that a "good enough mother" conduces when we are only under the threat of loss and death during the quarantine days, our capacity to be alone, our capacity to use our own internal resources, our capacity to verbalize/express/symbolize, our capacity to grieve have come to the light. It is possible to say that the biggest and longest change and loss in the epidemic, the closure of schools and long curfews, were experienced by adolescents. Adolescents are the ones who lost their schools and their peers for the longest time. Just when they were trying to separate from their parents and be themselves, they suddenly found themselves in the same house with their parents 24 hours a day, 7 days a week: being attached to the parents they were trying to separate, being away from the schools where they existed and built themselves; losses and sometimes burning intimacy with all the horrors of the epidemic. What fault lines did the earthquake of the epidemic activate in the inner world of adolescents? In the third and final part of the conference, "Love 101" and "Squid Game" has been discussed in the light of psychoanalytic literature.

TRANSGENERATIONAL TRANSMISSION OF TRAUMA: 1999

Bianca LECHEVALIER

Traumatic phenomena, which are considered to be used and received for one generation, may also be admired by the next generation. The problems of the y generation may seem crazy to the z generation. Thus the vacuum of depression is avoided. The clinical and therapeutic approach to babies, children and adolescents highlights this possible transmission through adhesiveness. A struggle may ensue against the process of growth. The fan of countertransference opposes the mobile gathering of its folds against the fixity of traumatic clinging. I will refer to the thought of F.Tustin

THE EFFECTS OF THE PANDEMIC ON CHILDREN AND ADOLESCENTS IN THE LIGHT OF PSYCHODRAMATIC THEORY

Deniz ALTINAY

Psychodrama Group Psychotherapy is one of the most important psychotherapy systems and theories of the century, founded by the Austrian psychiatrist and psychotherapist Moreno. Psychodramatic Theory contains 4 main sub-theories in itself. These are Sociometric Theory, Role Theory, Spontaneity Theory and Tele Theory. While the theory of sociometry examines the dynamics of intragroup social relations as a micro sociology, the Role Theory comes to the fore as the theory of psychodramatic development and examines healthy and pathological development. The theory of Spontaneity deals with the explanation of our most important coping and survival mechanism in life, and at this point, Tele Theory deals with the theory of relationships, bonding and relationship styles.

Children and adolescents are the most vulnerable to influence in terms of their developmental period. Their role development has been severely affected during this period. They not only perceive the society and the environment they live in as unsafe, but also misinterpret this situation like everyone else. Deteriorations in the sociometric structure affected them. They are witnessed to develop unhealthy beliefs. Together with their broken courage, they show a problematic development from spontaneity to control. This situation also leads to the formation of more obsessive organizations. Anxiety has been taken to a new dimension and has spread throughout society, starting with children and adolescents. Children and adolescents gradually lose their interest and belief in tele-processes, intuitive communication, which play a dominant role in their relations, and this situation disrupts their relations with their environment.

Children and adolescents have had to give up being themselves in the anxious environment of the current situation and have entered into an unhealthy isolation. Being away from peers has emerged as an important problem in the relationship development process and it has become an unhealthy situation for them to get closer to virtual environments than ever before. This period can be summarized as chaotic for them and experiencing too much of the false world of social media. We are facing an important social problem and the pandemic process has not yet been overcome. In this conference, we will address these issues in detail.

PANEL: TRAUMAS OF REFUGEE CHILDREN IN THE PANDEMIC

Elif EROL
Dilara Demirpençe SEÇİNTİ
Zeynep Seda ALBAYRAK

COVID-19 emerged in 2019 and was declared a pandemic by the World Health Organization in March 2020. Curfews and quarantines have started in many countries, workplaces, schools, and social activity areas have been closed to reduce the risk of transmission. In addition to these, many people have experienced fear of contagion due to the lack of information. Many people have lost their relatives. The minority groups with low socioeconomic status have more insufficient access to health services. With these restrictions, some families, especially the disadvantaged groups, had to struggle with financial difficulties. Studies conducted in this period have shown that the risk of psychiatric disorders increases in all age groups due to the Covid-19 pandemic. Studies have shown that the risk of developing psychiatric symptoms is associated with known psychiatric illness, financial difficulties, and quarantine period. Although the literature has stated that refugees are the most affected group by these changes, publications on the mental and socioeconomic problems experienced by refugee toddlers, children, adolescents, and caregivers during the covid 19 period are pretty limited.

As it is known, the fastest neurodevelopment and most effective intervention are under five years of age. For this reason, it is known that the effect of stressors in this period also determines the risk of developing psychopathology in the child's later years. During this period, the child's relationship with the primary caregiver, the caregiver's socioeconomic level are among the most critical factors in the child's physical and mental development. Although one of the most emphasized things in the studies conducted during the Covid-19 period is the increase in the caregiver's responsibility at home, it is predicted that poverty is probably the most crucial difficulty experienced by refugee caregivers. It is known that poverty is one factor that slows down the development of children under the age of five. In the study conducted with refugees in our country, it has been observed that refugees' employment and economic status cause significant changes on variables such as tolerance to the unknown, emotion regulation, hope, and enjoyment of life.

In addition to this, the stress level of refugee families, most of whom had to live in large numbers at home, increased considerably during this period, both due to financial difficulties and the fear of contamination caused by the Covid-19 virus. In the study conducted with adolescent refugees between the ages of 14-18 in Turkey, it was shown that 32.6% of the adolescents had 3-4 siblings, and 58% of them had five or more siblings. The increase in the number of siblings led to a significant increase in the difficulty of emotion regulation, depression, negative affect, distance, opposition, disinhibition, and psychoticism scores. In contrast, it led to a significant decrease in the quality of life scores. At the same time, due to financial difficulties and language barriers, parents face difficult times in accessing basic needs such as health care and food access, which has led to the inability to meet the basic needs of children. Due to the pandemic, the parents' stress level dramatically increased, and children had to spend more time indoors. Spending more time with stressful parents causes many risks for children, such as abuse, neglect, and violence. When considering that the refugee caregivers are victims of war and, therefore, their children struggle with anxiety, depression, and trauma symptoms Covid-19 pandemic made their symptoms even more intense. As a result, it is thought that family relationships and personal psychopathologies have increased. In the same study, it was found that while the decrease in adolescents' communication with the environment increased their difficulty in emotion regulation and negative affect scores decreased their quality of life in terms of school, physical-mental health, and communication with others.

Although the adverse conditions of the pandemic had such a negative impact on refugee children and their families, intervention programs were also minimal. The covid-19 pandemic creates both cognitive and spiritual illnesses, and those problems will continue to increase exponentially in children and adolescents in the future. For this reason, it is socially and medically necessary to identify children under the age of 5. It is also crucial to identify and apply intervention programs for children who have developmental and mental problems, children who have difficulties in attending school, child laborers, and children who struggle with any known psychopathology.

The primary purpose of this conference is to review the difficulties experienced by refugee children and their caregivers in infancy, childhood, and adolescence in the literature during Covid-19 and to discuss what consequences these difficulties will have for these children in the future. With this occasion, it is aimed to encourage researchers to focus on research and solution proposals about the mental problems of children in high-risk groups such as refugee children and their caregivers.

TRAUMATIC STRESS, MENTAL HEALTH, AND MEDICAL ILLNESS: TOWARDS A NEW PARADIGM SITUATION

Services of treatment often require high-cost services aimed at eliminating the negative consequences of diseases. This is also true for Psychological and Psychiatric problems. In short, when processes that can be considered as “normal difficulties of life” are not intervened in a timely manner, we encounter them as “mental illness” or “medical disease”. Now everything will be very costly.

The relationship between negative life events (traumatic processes) in the family and Psychological and Psychiatric problems is a good example of it. In traumatic processes, there is a substantial body of literature emphasizing the causal link between psychological problems and mental illness.

In this presentation, the literature will be summarized in order to protect and improve the physical and mental health of individuals, and to allocate more resources for health, and the “paradigm change” that we need to realize in the field of mental health as a developing country will be emphasized.

Traumatic Experience, Family and Illnesses

When the mental health literature is researched, we see that psychiatric and psychological problems are mostly caused by negative life events (traumatic experiences) experienced in the past, especially in childhood and adolescence. While this is an expected result, what surprising is that there is a strong and direct proportional causality in the relationship between the frequency and level of traumatic experiences in childhood and many physical-medical diseases in later years.

Protective and Preventive Health Service: Towards a New Paradigm

The gap in the Mental Health Service in our country is huge and growing every year. Psychologists, Psychological Counselors, Family and Couple Therapists, Family Counselors, Social Workers, and Psychological Counselors provide the majority (95%) of mental health services in Europe and the USA. The shortage of specialists providing mental health services in our country is approximately 300,000. In addition, population growth is approximately 1,000,000 per year.

In this area, family-focused interventions and policies to be made with the understanding of ‘protective and preventive health care’ and community-focused interventions with very low costs will allow much more funds to be allocated to the health system. In particular, the duration of psychotherapy training has been shortened and their efficiency has increased a lot. With good planning, the gap in our country can be closed in a relatively short time.

Let’s suppose the tradition of ‘preventive intervention’ developed before people got sick, rather than after they got sick. Let’s imagine that the leading decision makers in the field of health, such as the Ministry of Health, Family and National Education, Universities, and Municipalities came together and developed a comprehensive project. Even if it was limited only to mental health, a brand new model and paradigm would emerge in the world.

LOSS OF PARENTS, SIBLINGS AND GRIEF IN CHILDHOOD

Ilgin GÖKLER DANIŞMAN

Many children and adolescents experience the loss of a close family member for various reasons. Childhood is a life stage where vulnerability is high in the face of the loss of a first-degree family member such as a mother, father or sibling. This vulnerability may be deepened by the fact that other family members who are expected to provide support to the child are also drawn into their grieving process. The effects of traumatic experiences in childhood largely depend on the characteristics of the developmental period in which the event occurred. For this reason, a developmental perspective must be adopted when dealing with loss and mourning processes in children. In addition, loss and mourning are not a situation experienced by the child individually, but rather a process of mutual interactions, experienced within the family and wider environmental context. Therefore, the systemic approach provides an important framework when trying to understand the child's reactions after the loss of close family members and their psychosocial adjustment in the following periods. When a family member dies, children and other survivors don't just grieve for their lost loved ones. At the same time, there is an expanding mourning process due to the fact that the family, which is an interactional system, has undergone an irreversible change due to this loss. Although research mostly focuses on the impact of the loss of a first-degree relative on individual family members, in fact, multiple losses are experienced in the family system from many perspectives at the same time. For example, the loss of a parent for the child, but also the loss of a spouse for a husband or wife; for older generations in the family, it means the loss of their own adult children. Therefore, the reaction of each will affect each other in a chain and will be reflected in the whole family system. These reflections in the family will again cyclically affect all family members, including children. Difficulties and emotional distress in the child's adjustment arise not only due to the loss, but also due to changes in the field of emotional interaction in the family. The death of one of the parents in the family necessitates a change in family dynamics. There are inevitable changes in family roles, communication patterns, and relationships with parents and siblings left behind. After the death of a parent, many other changes occur within the family that directly and indirectly affect children. The surviving parent mostly mourns the loss of their spouse and tries to cope with the responsibilities and difficulties of being a single parent family. This situation hinders the psychological accessibility of their parents who are alive for the children; It limits the time devoted to the parent-child relationship and does not adequately allow the parent to exist as a supportive figure during this challenging period in the child's life. Weakening of the financial conditions of the family; city, neighborhood, school change; Changes, such as the remarriage of a surviving parent, exacerbate the impact of the loss of a parent. All these changes have the potential to negatively alter the grieving child's basic assumptions about the world, life, others, and himself, thus making adjustment difficult or disrupting. Researchers suggest that in the grieving process following the loss of a parent, it is necessary to understand the interaction between the lost child, the deceased parent, other primary caregivers, and the characteristics of the family system. Similarly, it is important to consider the loss of siblings at the level of the family system. Discussions dealing with grieving after the death of a child mostly focus on the experience of parents who have lost a child. This orientation in the literature reflects the approach of the social environment that ignores children who have lost a sibling. As in other examples of "deprived mourning", the bond of brotherhood is often not valued by the social circle; the grief of the brothers left behind remains invisible. However, from the point of view of such a lost child, on the one hand, it means the loss of a very important relationship in his life, and on the other hand, the relationship with his parents changes. In this presentation, the effects of the loss of parents and siblings in childhood and the grieving process will be discussed in depth with an approach based on a systemic perspective.

WOMEN AND TRAUMA: TRAUMATIC TRANSFORMATIONS IN THE DEVELOPMENT OF FEMININITY

Starting from weaning, the girl continues on her way with various anxieties and losses such as castration anxiety, lack of penis, menstruation, deterioration of chastity, anxiety about having a child, fear of not being able to have a child, childbirth, anxiety about losing the baby, menopause and loss of reproductive functions, and in cases like these traumatic effects are quite acceptable. We know that not every situation that creates distress and discontent can be included in the scope of "psychic trauma". What matters is the extent to which the spiritual economy has deteriorated. When women are mentioned, reasons such as cheating, deception, immoral offer, violence, harassment- rape, kidnapping-abduction can also be situations that can cause trauma. In general, traumatic events remind the person of one's own mortality and can deeply affect every area of the life (Dürü, 2006). Although people's reactions to traumatic experiences are considered "normal", these symptoms can cause deterioration in one's functionality and functioning of the psyche.

The most inhibiting aspect of trauma is that it does not allow symbolization. In the face of trauma, the self's protective shield breaks down and the self is suddenly invaded by more stimuli than it can handle; The distinction between reality and fantasy almost disappears.

Winnicott (1967) argues that the most distinctive feature of trauma is that it transforms the aggressive, destructive unconscious phantasy into reality and creates a rupture and violates the boundaries at a time marked by a point of no return where the world will never be the same again. Trauma reverses the belief that the world is a reliable, predictable and controllable place, and puts people into a new perception of the world (Bergner, 2009).

When people's sense of trust is deeply shaken, some mental problems can be seen. The important thing is whether the situation perceived as traumatic can be placed in one's own history, and if it does not, it keeps going to exist continuously in the present and in reality.

In traumatic situations, it is common for reality to invade the psychic order and to reveal the aspect that disables the ability to feel alive. The study was conducted with female patients who went through these processes where conditions that determine the development of femininity/womanhood, such as menstruation, pregnancy, childbirth, infertility or menopause, invade the psyche of the woman in a compelling way, shake the adaptive capacity of the woman, cause inhibition, and damage the capacity of creation and ongoing existence. It is easily observed in psychotherapeutic studies.

Ferenczi (1931) argues that dreams are an attempt to gain better control over and come to terms with traumatic experiences, even if they create displeasure beyond desire satisfaction. While childhood seductions and traumas, current neuroses, and of course, traumatic experiences at the social level and their spiritual reflections require working with issues related to external reality, it is possible to evaluate and analyze the functioning of psychic reality in psychoanalytic studies. Psychoanalytic theory maintains that the girl's fusional desire to return to her mother's womb persists until she becomes pregnant. Conveying this relationship, which she learned with her own mother, to someone else, causes the previous relationships to be revived. As a result, the woman deals with the problem of separation from the mother throughout her life, and all the conflicts and concerns related to this become more evident during the pregnancy and post-partum period, and sometimes they can be traumatic.

Abraham (1922) says that castration trauma in women is amenable to revival at key points in feminine development. According to him, the moment of childbirth is one of these moments.

According to Belot (2016), the new mother is faced with both her own stimulus at that moment, the stimulus created by the resurgence of infantile conflicts, and the stimulus brought by birth trauma. It needs a strong stimulation shield and functional defense mechanisms to overcome these stimulations. Not being able to have a child is even more traumatic; The idea that menopause is the last traumatic experience in a woman's psychosexual development and a narcissistic wound that is difficult to treat is also frequently suggested (Deutsch, 1984).

All these possible trauma situations will be addressed at this conference.

RELATING TO THE ANORECTIC YOUNG PERSON

Jeanne MAGAGNA

This publication focuses upon the omnipotent part of the anorectic personality. An example from parent-infant interaction illustrates what happens inside a child experiencing misattunement. This is followed by a description of the omnipotent destructive part of the personality which impedes the development of intimate relationships with family, friends and therapist. Ways of working with the non-speaking child and the child using omnipotent control of anorexia nervosa will be considered. The use of the therapist's countertransference as an important therapeutic instrument will be highlighted. Also attention to the child's emotional experiences stored in the non-declarative aspects of the personality will be given. In particular, there will be a description of different ways of interpreting through tone of voice and way of describing emotions as the child goes through various developmental phases of the therapy.

EVIDENCE-BASED TREATMENTS FOR CHILD TRAUMA

Katherine MCCARTHY

Katherine McCarthy, Ph.D., will present an overview of child trauma treatment, including evidence-based practices and core components of treatment. The specific treatments that will be discussed are Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Parent-Child Interaction Therapy (PCIT), Attachment, Regulation and Competency (ARC), and Sensory Motor Arousal Regulation Treatment (SMART). Participants will be able to define and explain the core components found within the leading evidence-based trauma treatments. They will be able to evaluate how the trauma-informed treatment components "fit" with the specific needs and preferences of the children they are working with. This training will help mental health professionals develop skills in child trauma treatment and learn regulation strategies for different child presentations.

THE RELATIONSHIP BETWEEN THE EXPERIENCE OF LOSING A LOVED ONE AND EXISTENTIAL FEARS IN PRESCHOOL CHILDREN. INTEGRATIVE APPROACH.

Kintsugi (or "kintsukuroy") is a Japanese method in which broken ceramic vessels are glued with a special glue mixed with gold, silver or even platinum. For me, this is a great metaphor for the psychological art of counseling and psychotherapy. A child's soul, like a fine, porcelain, can be broken under the weight of trauma, especially with the loss of a significant loved one. Painful experiences leaves a mark on the child, but they are also part of his life story. If we manage to repair the trauma in a healthy way, to "gild" the scars, then the little man will carry in his soul the memory of his parent, of what he inherited from him, he will be able to preserve his mental health.

The topic of the loss of loved ones is especially relevant in the current situation in which the human race finds itself. Uncertainty about physical health and survival, doubts about an optimistic future due to social losses, have changed the functioning of the small social system – the family. The dysfunctional existence of adults deprives children of stable emotional support against the apocalyptic information flooding them. This further complicated the fearful and anxious childhood experiences.

Experiencing the loss of a loved one at the age of the existential fear of death can lead to varying degrees of intensity of emotional, behavioral and somatic responses. Proper diagnostic assessment of the child's condition determines the direction of psychological support.

The use of different techniques in counseling and therapy depends to a large extent on the paradigm in which professionals are trained and have the appropriate skills and competencies. This is a matter of technology and is not the subject of the exhibition.

In my monograph "The Primary Interview in Individual Psychological Practice", in the part of specific cases of counseling, I conceptualized my many years of experience in working with children: "We open a "space" for the child to grieve with his family. The loss is given a name, named in words appropriate to his age. During this period it needs support and care. He needs understanding, trust, and contact so that the child can talk about what worries him at any time, or just have the adult sit next to him and be silent. It is also necessary to teach the parent to help the child. It is important for the child to express his feelings – whether it is a desire to cry or react angrily, to tell a sad or funny story about the deceased, to look at a photo album with his photos with him, to give him a gift, to draw his feelings or to hold his hand in silence.

In order to work with the grief of others, the counselor must first be able to work with himself and his own grief. Turning to the psychological reality, to the finest nuances of experience, to the depth of human suffering, that is, our every interaction with the destiny and inner world of another person, requires our own inner work, personal responsibility, honesty, openness and ethics.

BIRTH FROM THE BABY'S PERSPECTIVE

Neşe KARABEKİR

Is birth a trauma, existence itself, a transition or a kind of death? During this presentation, we wanted to approach this subject, which has been discussed for years, only from the perspective of the baby.

Birth is still considered to be "the birth of the mother" in many cultures. Questions such as "How will you give birth, where will you give birth, have you planned your birth?" are asked to a woman who is pregnant and preparing for childbirth. But birth is actually the existence of the baby, not the mother-to-be. Of course, with traditional discourses, both men and women are born again as parents, but the main thing is the transition of the baby from one world to another. It is definitely a process, a complete transition, sometimes difficult, sometimes easy, sometimes with tears, sometimes with laughter, sometimes with medical difficulties. Undoubtedly, the perception and experience of this transition by the parents, baby, and delivery team will be different.

In this presentation, we aimed to concentrate only on the baby's point of view. Of course, what we will present cannot be a concrete and qualitative study as it is from the point of view of the parents and delivery team.

The prenatal and perinatal perspective takes us to studies of the fetus and embryo. This presentation will be on the potential effects of the exact moment of birth on the infant in later life.

Prenatal Psychology will also take us to the developmental processes of the baby in the mother's womb.

The womb-mother's womb, which is a true "first home", is the place where the baby first met. The walls of the uterus, the water it is in, the placenta, the umbilical cord, everything is new and first for him. Therefore, his first bond starts against them. Everything that she perceives to be experienced in the womb during pregnancy is meaningful for the baby and is recorded in the body (Verny,T. 2008)

According to Chamberlain (2003), babies in the womb; They have senses such as touch, sight, hearing, feeling heat, cold and pain, sucking, swallowing, recording, and feeling the mother. This prepares them for both birth and after birth. This special preparation in the womb is very important for the baby's first spontaneity with the mother. Thus, mother and baby experience the process of doing, being together, and feeling together for the first time (Karabekir.N. 2021).

The moment of birth, on the other hand, is based on the first encounter of the mother, father and baby, regardless of the type of birth. There are many delivery teams in the world to make this encounter the most respectful for everyone. The presentation will also touch on the Philosophy of Birth without Wish and the Birth without Wish Birth team, which has been going on in Turkey since 2010 (Coker, 2015). Inconsistent birth teams, consisting of doctors, midwives and birth psychologists, work not only for the mother and father, but also for the birth team and especially the baby. The goal is for everyone to come out of the birth without regret. Whether the mode of delivery is vaginal, cesarean, water or water birth (Somer, 2020), respect for the mother and especially the baby should always be at the forefront.

However, some medical interventions may be unavoidable at birth. Each intervention will bring some features that will affect the whole life of the baby. Below you will find a summary of the 1998 article by William Emerson, former president of APPPAH (Association for Prenatal and Perinatal Psychology and Health).

Effects of Medical Interventions in Birth

• Anesthesia

Attachment difficulties, control, impaired productivity
Shock, Power Complexity, substance abuse

• Birth Initiators

Lack of attachment, shock, Occupation complexity, Substance abuse, Border complexity
Difficulty in taking responsibility, Passive-aggressive attitudes

• Instrumental Birth

Forceps Shock, attachment, control, productivity, authority complex, directional confusion
Being rescued

• Premature

Shy, short attention span, distraction, clingy behavior
Irritability, low tolerance for frustration

• Cesarean Section

Irritable sleep patterns, excessive crying, digestive problems, colic, tactile insufficiency
Attachment, chronic shock, inferiority, guilt

• Intensive care

Depression, feeling abandoned, difficulty maintaining close relationships

• Postmaturity

Phobia, fear of open spaces, unexplained fatigue
Stress in turmoil, sexual problems

As a result, as reported by Porges, (2011) in the Multiple Vagus theory, if babies are welcomed peacefully by both their parents and first-time greeters, doctors and nurses, they develop social adaptation instead of fight-flight-freeze systems, and this adaptation reduces the stress that will be transferred to their whole lives affect the management process. Since the way the baby is born and the practices applied during birth affect adult life, we need to make it a habit to look at births from the baby's perspective. The only way to do this is to bring real parent-baby-friendly practices to all hospitals and to train birth teams accordingly. Wishless births will bring a wishless future.

THE EFFECTS OF TRAUMA ON INFANTS AND THEIR PARENTS. TRANSGENERATIONAL TRAUMA. PSYCHOANALYTIC PSYCHOTHERAPY FOR CHILDREN AND THEIR PARENTS.

Piret VISNAPUU-BERNADT

Life is definitely bigger than surviving trauma. Even in the greatest chaos, there are opportunities to find hope and security, people are survivors. Even today, there are hotbeds of war in the world, those who escaped from there create different ways to cope further. Great trauma is a home for every child with violence, alcohol and drug problems. For a young child, the experience of trauma is formed both from directly surviving situations and from the limited resources of his or her traumatized parent to be an emotionally present parent. The effects of trauma, transgenerational trauma, are insidious. Trauma experiences hinder the establishment and maintenance of close relationships, often a person has many different physical complaints, life is not satisfying. The burden of trauma experienced in a lifetime and from previous generations can be unraveled in psychotherapy. When working with young children, we must also be prepared for the difficult stories of their parents and grandparents. When working with children, there is often work in parallel with the parent's experience and the parent-child relationship. We may know the general patterns of trauma effects, but while each story, each family story is unique. The story of each child's and family's healing is also unique. If the therapist sees in each story its specialness, uniqueness, then the child and his family can also find their own solutions on how to proceed.

TRAUMA AND EMDR IN CHILDREN

Ümran KORKMAZLAR

EMDR therapy is a psychotherapy method developed by Francine Shapiro in 1989. EMDR therapy is based on the Adaptive Information Processing (AIP) model, which assumes that humans have an integrative neurological structure to absorb new information, deliver it to a harmonized solution, and store it. If the level of arousal is traumatic for the individual, AIP functioning is inhibited. Instead, that event is stored with all the negative sensations and perceptions at the time it happened. In this case, the individual cannot use his/her coping skills and cannot make a healthy sense of the events he/she experiences. Thus, memories related to the traumatic event are stored inappropriately in the mind and lead to dysfunctional responses. With EMDR, the therapist applies a standard protocol to desensitize the client to the traumatic memory, using bidirectional and rhythmic stimulation to resolve the trauma. Since children are not "little" adults, it has been observed that basic EMDR training and the standard/adult protocol are not sufficient to work with children and adolescents, and the protocol has been modified by various experts according to the developmental characteristics of the children, adhering to the steps of the standard EMDR protocol. Robert Tinker was the first to apply EMDR with children. Tinker applied EMDR to traumatized children in the USA, and based on her experiences and practices, she wrote the first EMDR book with children, "From the Eyes of a Child: EMDR with Children" with Sandra Wilson in 1999. Tinker gave the first EMDR training with the children on October 26-27, 2000 in London. Korkmazlar had the chance to attend this first child & adolescent EMDR training in Europe. Thus, she became the first specialist to apply EMDR therapy with children and adolescents in our country. Children and adolescents are in the process of physiological, neurological, cognitive, emotional, and social development since they are not yet fully mature. For these reasons, both the way they present the problem and the intervention methods to solve the problems are different from those of adults. In this presentation, how EMDR therapy is used with children and adolescents will be discussed through case studies.

MORAL UNDERSTANDINGS AND EMOTIONS IN 5–7-YEAR- OLD CHILDREN IN THE CONTEXT OF THE "HAPPY VICTIMIZER PHENOMENON"

One of the ways of the ways of investigations moral thinking and motivations is tracing emotional attribution in situations in which moral rules are broken. Depending on the attributed emotions – moral (guilt, shame or empathy towards the hurt) or non-moral (happiness and joy) on behalf of the perpetrator of the immoral action with which harm has been inflicted, with which the experienced emotions are explained the individual judges the development of moral thinking.

Despite the empirically outlined tendencies in attributing different types of emotions of the perpetrators of immoral actions in relation to age there still is no complete understanding of the reasons because of which children attribute different emotions. This difference in the understanding is related to differences in the concepts which are recruited in the explanations as well as the differences in the design of the investigation itself in relation to the scope of the variables which could influence the processes of emotional attribution.

The studies which look at emotions in situations of moral transgressions carried out in the last three decades outline a particular age dynamic which is defined in the tendency of 4–5-year-olds to attribute positive emotions of the characters in stories in which they have achieved their desired outcome through immoral actions despite understanding the moral issues at hand and the typical moral implications of the situation.

This tendency slowly weakens in time but despite this fact it is strongly prominent in children under the age of 5. One of the most widely observed explanations for this is that children of this age most probably lack critical understanding regarding the multiple factors which determine the emotions, besides the achieved goal (the fulfilled desire) in situations concerning the breaking of certain rules which validity is acknowledged.

Attributing positive emotions as well as negative emotions will depend on two additional conditions – meta-cognitive, to what extent can the child unite simultaneously different explanations and to attribute the respective emotion or the significance of the reasons with which they are revealed for the child from the value the child ascribes to the reasons. This means that attributing emotions will depend not only on understanding the reason – moral rules should not be broken, but also from the value with which they reveal themselves for the child. Those rules can maintain their strength and to turn into a foundation for the explanation of the attributed emotions to the point where they collide with the desires the value of which seems to be larger for the child who defines the choice of the reason for the assessment itself.

The significance of those two possibilities needs further investigation.

THE TRAUMATIC (!) EFFECT OF DIVORCE ON CHILDREN

Z. Deniz AKTAN

During his undergraduate education, Aktan, who studied in German Translation and Interpretation and Psychology departments by taking advantage of the double major program offered by his school, completed his undergraduate studies at Okan University. Aktan took part in a student exchange program during his undergraduate education and continued his education at Johannes Gutenberg University of Mainz in Germany for 1 year. Not only to improve interpretation and language skills, but also social skills, Aktan took part in three different training camps held at Osnabrueck University in Germany during the summer periods. After graduating from Psychology and German Translation and Interpretation departments, Aktan went to England for his specialty training in the field of psychology and completed his specialty training on "Clinical Child Psychology" at Cambridge Anglia Ruskin University. After returning to Turkey, he took the first step on his academic career journey at Okan University Child Development Associate degree program. During his career at Okan University, Aktan gave lectures on child psychology in units such as the Faculty of Health Sciences, Health Services Vocational School, Faculty of Medicine and Institute of Social Sciences, simultaneously he served as the Head of the Associate Degree Child Development Department and the Head of the Child Development Master Program at the Social Sciences Institute. In the same period, he completed his doctorate education in Istanbul University Clinical Health Psychology Doctorate Program with child-adolescent-focused clinical practice and he completed his thesis studies and received the title of Dr. Instructor. Aktan, who started his career at Işık University Child Adolescent-Focused Clinical Psychology Graduate and Doctorate Programs as of August 2018, still continues to work as an instructor in the same program and works as a child and adolescent therapist in various clinics in order to prepare more efficient and practical innovative content for his students. On the other hand, besides his academic studies, he has three books, he wrote one of them, he edited the other, and he participated as a writer of one chapter at one book.

According to the literature, the democratic family structure, in which children have the right to speak, their opinions are taken in consideration and they are aware of their worth as individuals, is one of the most important needs for a healthy psychosocial development (Cüceloğlu, 2016; Yavuzer, 1986). The positive family structure, which contributes to the development of the child both mentally and physically, plays a very important role in terms of the relationships the child establishes with his / her self. However, contrary to popular belief, the thing that contributes the most to the child in a healthy family model is not only the bond of love that is formed by unconditional acceptance from the mother and father (Jablow & Samalin, 2020). According to Carr, there is a third relationship in the family concept that can be considered as an emotional source in addition to the positive relationships that the child establishes with his mother and father in developing positive psycho-social characteristics. A powerful protector, perceived as a third parent like mother and child, is the relationship between mother and father (Carr, 2011).

For a child growing up in a democratic family, divorce is one of the most important blows s/he can take for fear of losing their strong relationship. For the child who grows up with a family structure where he is understood, listened to and has the right to speak, it is perhaps one of the most important family experiences in which he cannot have the right to speak, and precisely for this, it is frightening. The child, whose opinions are taken in relation to the decisions about his/her family and him/herself before, is confronted with such a decision without taking his/her opinion for the most important change in his/her life, s/he faces his/her first trauma, perhaps the most feared. In fact, not taking his opinion in such a scenario is perhaps the mildest of the traumas of this stage of the child, because the concept of family, which has been used to being together from the first moment of birth and where many emotional needs are met, is about to disappear. Another of the strongest traumas that the child gets through during the divorce is related to their uncertainty about the future. The idea of what other decisions the child, who has no say in this decision, will face, makes her/his life more and more difficult. On the other hand, one of the two important sources that s/he gets support while coping with the life will not be available every time s/he

needs it. Another nightmare for the child, who has to be divided between two sources of life, is the question of how to maintain the balance between these two sources.

All these questions are among the most important questions that children whose parents are divorcing are expressing anxiously and puzzling their minds in the therapy rooms. But is the divorce process really as dark as the child envisions? Does divorce traumatize children? Or does every divorce process leave a traumatic effect on the child? More importantly, is divorce traumatic only for children growing up in democratic families? What about children growing up in an authoritarian family structure? For example, do children who grow up with an oppressive parental attitude immediately become accepting and submissive in a divorce decision, as in other decisions? So what is the "alienation from the parent syndrome" that is frequently encountered during the divorce process? Are there families where divorce is protective for the child? Can there be positive improvements in the child's behavior and various psycho-social characteristics with the help a divorce process? So, as a result of divorce, does the child have to lose the three important aspects of the relationship between their parents and them? Even if the parents divorce, can the relationship between the parents, who take a protective role as the third parent of the child, continue to be strong for the child?

The aim of this study is to convey the "traumatic" and "protective" side of divorce by presenting examples of the fear of divorce and various cognitive distortions of families who come to the therapy room with questions about divorce, and to shed light on the possible needs of children in this process.

ABSTRACTS OF PAPERS



LIST OF ABSTRACTS

The Role of the Mentalizing Parent in the Development, Experience and Overcoming of Trauma in Children

Atanas Ganchev

Transgenerational Transmission of Trauma: 1999 Marmara Earthquake

Ayşenur Güngör, Tuğba Uzer-Yıldız, Ilgın Gökler-Danışman

Infant and Maternal Mental Health in the Postnatal Period: A Secure Attachment Based Program with Premature Born Babies and their Mothers

Aylin İlden Koçkar, Burcu İldeniz Tan

Qualitative Investigation of Factors Affecting Depression, Stress and Anxiety Levels of Mothers of Premature Infants

Buse Şencan, Ayşe METE YEŞİL, Hasan Tolga ÇELİK, Elif Nursel ÖZMERT

Online EMDR Sessions with Children: A Case Study

Canan Çitil, Ümran Korkmazlar

During The Covid-19 Pandemic, the Level of Hope, Emotion Regulation, and Psychological Resilience of Syrian Refugee Children and Adolescents

Dilan Diş, Elif Erol

During The Covid-19 Pandemic, the Level of Hope, Emotion Regulation, Depression, and Psychological Resilience of Syrian Refugee Adolescents

Dilara Batği, Elif Erol

Does genetic liability affect the Theory of Mind and empathy in Broad Autism Phenotype?

Elif Yıldırım, Sevinç Nisa Abay

Understanding Post Traumatic Play Through The Lens of Neurobiology

Filiz Çetin

Experiences of Telepsychiatry with Child and Adolescents During COVID 19 Pandemics

Hande Ayraller Taner

The Relationship Between Psychological Well-Being and Life Project, Psychological Resilience, Emotion Regulation and Perceived Stress Factors of Syrian Migrants During the Covid-19 Pandemic Process

Mert Aytaç, Elif Erol

Cognitive Forms and Cognitive Therapy Applications in Trauma Victim of Child and Adolescents

Mustafa Kerim Şimşek

Investigation of the Mediation Effect of Job Stress and Stress Coping Levels on the Occupational Satisfaction of Individuals with Childhood Trauma

Nur İrem Toprakseven, Elif Erol

Examination of The Relationship Between The Mother-Father Relationship and The Status of Single Parents Diagnosed With Attention Deficit Hyperactivity Disorder

İpek Uçkan, İrem Erdem, Atak

Intergenerational transmission of trauma in the context of the COVID-19 Pandemic

Ralitsa Mihaylova

The Relationship Between Maternal Emotional Availability, Child Negative Emotionality and Maternal Emotion Socialization in a Socio-Economic Risk Group

İrem Buselay Özer, Gizem Arıkan

The Intolerance Of Uncertainty Scale For Children: Reliability, Validity and Adaptation Study

Rümeysa Kılıç, Gülsen Erden, Cihat Çelik

Examination of Screen Exposure, Sensed Regulation and Eating Characteristics in Children aged 3-6

Selin Turan, Tubanur Bayram Kuzgun, Doğukan Terzi

Sleep Disturbance and Anger Problems in Adolescents Who Are Massively Multiplayer Online Role-Playing Game Players: A Mediating Role of Anxiety and Depressive Symptoms

Ümmügülsüm Gündoğdu

Attachment trauma and psychopathological consequence

Vanya Matanova

Investigation of the Instrumental Role of Post Traumatic Stress Disorder (PTSD) and Covid-19 Fear in the Effect of Childhood Traumas on the Attitudes of Children of 3-7 Years Old

Yasemen Keskin, Elif Erol

A Follow-up Study: Maternal Childhood Neglect and Postpartum Emotional Dysregulation Predicted Toddler Emotional Dysregulation

Yasemin Kahya, Sema Erel, Sait Uluç, Güzide Memişçi, Senay Yüksel,
Buse Taş, Caner Tülek, Çisem Zeybekoğlu

Factitious disorder imposed on another and a children's mental health

Zlatomira Kostova

THE ROLE OF THE MENTALIZING PARENT IN THE DEVELOPMENT, EXPERIENCE AND OVERCOMING OF TRAUMA IN CHILDREN

Many children experience stressful and catastrophic events and circumstances, which produces unique traumatic reactions and experiences of trauma, far more severe in some than in others. In some cases, a child's reaction to trauma, and later posttraumatic symptomatology development, can be very extreme, resulting in different symptoms, among others – in dissociation, cognitive decline or impaired development, changes in behavior and distrust of self and others. Children's reactions, as well as their further development and processing of trauma, depend on a series of factors, mainly their stage in development, their attachment style, the support system that surrounds them, the socio-economic and cultural environment in which they are growing up. Especially in their earlier years of development, children often rely on their experience of the parents' understanding of the traumatic situation and the way they communicate that with the child.

There has been extensive research of parents' ability to mentalize the child within the context of trauma and traumatic events. It has been pointed out time and time again that there is a very close correlation between the parent's mentalizing of the child's mind and the development of posttraumatic symptomatology, as well as the development of the child's (insufficient) capacity to mentalize itself and others. Clinical and empirical research suggests that the development of the child's ability to overcome traumatic events and to develop their own ability to mentalize their mental states, emotions, thoughts and those of others, is greatly influenced by that of their caregivers. The way in which parents react to and handle their child's emotional states, and, initially, though their own understanding, expression and communication of the situation, gives the child a working model in which to understand themselves and those around them. Despite that, the inclusion of parents and families in the child's therapeutic process is still an unpopular approach to treatment.

Further support and therapy for a traumatized child's family is fundamental to shaping the child's ability to cope and overcome stressors. Fostering the parents' skill to mentalize, to be mind-minded about the child, and to be able to give a healthy context and understanding of what's going on in their mind, is an essential factor to positive outcome, and is intertwined with the success of any ongoing psychotherapy. As children change and develop, especially in the context of experiencing trauma, it is important for their parents to be able to understand the changes that occur, and be able to both react and interact in a way that's beneficial to everyone and isn't impairing the healthy development of coping skills of the child. In such cases, Mentalization-based treatment in families has been proven to be an effective approach, both as an addition to previous psychotherapy and as a standalone treatment. The main goal of mentalization-based family therapy within the context of child trauma is to eliminate non- or prementalizing modes (teleological thinking, pretend mode, psychic equivalence), and to promote healthy mentalizing, which will help children overcome their trauma and develop the needed skills to deal with negative and stressful events and circumstances. Having the ability to successfully support their child, to attend to their needs and to handle their expression of trauma, parents can greatly protect the child from developing posttraumatic reactions and symptomatology. That, in addition to their own emotional reactions to traumatic experience, can be an overwhelming experience for parents, often times coupled with feelings of inadequacy, powerlessness, guilt. Supporting parents on the road to be able to understand their children in dire moments, to be able to communicate their understanding in a healthy and empowering way, and to help both themselves and their children is a pivotal point of mentalization-based treatment.

There is a need for further inclusion of the family within the traumatized child's therapy, and implementation of mentalization-based treatment techniques is highly recommended, in order to increase the chances of positive outcome.

Key words: *child trauma, mentalizing, parent mentalization, mentalization-based treatment, psychotherapy*

TRANSGENERATIONAL TRANSMISSION OF TRAUMA: 1999 MARMARA EARTHQUAKE

Ayşenur GÜNGÖR
Tuğba UZER-YILDIZ
Ilgın GÖKLER DANIŞMAN

In one night 17480 people lost their lives and 43953 people got injured. Furthermore, there were 133.863 collapsed buildings and 600.00 people including children were homeless after the incident. The 1999 Marmara Earthquake has admittedly been the greatest earthquake and trauma in the country in terms of severity, magnitude, sphere of influence, loss of lives, and financial damage in the last century. Residues of this traumatic event effect not only people who are exposed earthquake but also their children. Transgenerational transmission of trauma is a specific instance which refers to impact of trauma within the family. The research on transgenerational transmission of trauma mostly relied on human-caused traumas such as Holocaust survivors' families but relatively, less is known about how traumatic experiences caused by natural disasters are transmitted across generations. Studies on primary trauma exposure suggest that one's responses to a trauma change depending on whether the traumatic event is human-caused or natural.

The present study investigates transgenerational transmission of trauma among 1999 Marmara Earthquake survivors' children. To study what is transmitted from parents to the child, two groups of children (trauma group and comparison group) were compared in terms of their knowledge about their parents' life events. It is investigated to what extent parental exposure to earthquake is related to children's inclusion of 'the Earthquake event' into the biographical knowledge about their parents. The sample consisted of two groups of adolescents, totally 69 adolescences. 36 of them included participants whose parents were directly affected from the 1999 Marmara Earthquake (trauma group); 33 of the adolescents included participants whose parents were not directly exposed to the 1999 Marmara Earthquake (comparison group). All adolescents were born between 2000 and 2005 (12-18 ages). Trauma group's participants are from Kocaeli and comparison group' are from Amasya, Antalya, Denizli and Bartın where are same demographical qualities with Kocaeli. Parents filled out Earthquake Related Traumatic Life Events Scale which is used to distinguish groups whether they are trauma group or not. They are asked to recall 10 most important events from their parents' life. Also, adolescences rated from 1 (very low) to 5 (very high) the frequency of their parents talking about the earthquake. However, they were asked to answer various scales in terms of cognitive, emotional, and behavioral components: Metacognition Questionnaire for Children and Adolescents, General Belief in Just World Scale, The Regulation of Emotions Questionnaire, Achenbach Youth Self Report, Traumatic Life Events Questionnaire. In addition, parents filled out the Earthquake-Related Traumatic Experiences Questionnaire.

Results demonstrated that the adolescences whose parents were directly affected by the Marmara Earthquake indicated the earthquake event as one of the most important parental life events much more likely than adolescences whose parents were not directly affected by the Marmara Earthquake. Particularly, 65% of children told about the Marmara Earthquake when they were asked to recall events from their parents' lives; but no one from the comparison group included the Marmara Earthquake ($p = .000$). In addition to this, no statistically significant differences were observed in the scale scores measuring metacognition, emotion, behavior and belief in a just world between the two groups.

According to the results of the research the traumatic event experienced by the parents is in the memory of the child and is transmitted to the next generation (their own children). Even if the children have never experienced it themselves, the traumatic event experienced by their own parents has remained in their memory and has been transmitted. These results suggest that the greater the parental exposure to the trauma the more likely that the traumatic event is transmitted to the next generation through biological memory about parents. Although earthquake related traumatic experiences were transmitted to next generations through memories negative impacts of these experiences did not reveal about themselves via next generations' metacognitive behavioral and emotional problems as measured by quantitative scales. This can be considered as a promising result for trauma transmission, and it also raises the question of when transmission does not occur and what protects those children.

Key words: *Earthquake, Transgenerational Transmission of Trauma*

INFANT AND MATERNAL MENTAL HEALTH IN THE POSTNATAL PERIOD: A SECURE ATTACHMENT BASED PROGRAM WITH PREMATURE BORN BABIES AND THEIR MOTHERS

Aylin İlden KOÇKAR
Burcu İldeniz TAN

Attachment is the deep and long-lasting relationship established between the caregiver and the baby. Children who are securely attached to their caregivers turn into individuals who feel comfortable in close relationships and can express their feelings and needs. Mothers who experience postpartum depression may have difficulty in establishing safe attachment bonds with their babies during the early periods. In cases of premature birth, when babies need to stay in the Intensive Care Units, leading to prolonged separation between the mother and infant. Mothers of premature babies are more likely to suffer from postpartum depression due to concerns about their children's health status. The "Life Ties Project", aimed to close the physical distance between mothers who gave preterm birth and their children through mothers' who were staying at the hospital to be close to their preterm born babies. The main aim of the study was to support mothers in establishing secure bonding with their children. Neonatal intensive care unit employees were included in the project and it was aimed to support mothers in the relationship they establish with their babies. In accordance with this purpose, secure attachment-based trainings were provided for both mothers and newborn intensive care workers. The part of the study that will be investigated in this paper was conducted with a total of 118 mothers in 10 cities of Turkey. The Edinburgh Postnatal Depression Scale and a Demographic Information Form were applied to the participants. The preliminary results showed that mothers' levels of depression was significantly high, indicating post-partum depression. The results of this research will be discussed in light of the literature regarding mother-baby bonding in the postnatal period and maternal mental health.

Key Words: *Attachment, Infant Mental Health, Postpartum Depression, Preterm Birth*

QUALITATIVE INVESTIGATION OF FACTORS AFFECTING DEPRESSION, STRESS AND ANXIETY LEVELS OF MOTHERS OF PREMATURE INFANTS

Buse ŞENCAN KARAKUŞ
Ayşe METE YEŞİL
Hasan Tolga ÇELİK
Elif Nursel ÖZMERT

Due to the improvement of health services and the development of health technologies, the survival rates of babies born prematurely have increased significantly and the developmental and psychological characteristics of premature babies have started to come to the fore. Because premature babies are born immature, they face psychosocial risks as well as biological risks. In this context, the effects of premature birth on the family and the family's attitudes towards the premature baby appear as important factors that may affect the development of babies. Mothers of premature babies describe caring for their babies as an extraordinary experience that is too difficult to cope with because babies are biologically very fragile, and their primary care needs are different. Parents of premature babies tend to experience higher levels of parental stress compared to parents of term babies. This stress plays a predisposing role in terms of postpartum depression for mothers of premature babies. Studies have shown that the prevalence of postpartum depression is higher in mothers who gave birth prematurely than mothers who gave birth at term. Mothers of premature babies feel negative emotions such as shock, anxiety, guilt, and feeling inadequate. In addition, mothers have high levels of stress and anxiety due to uncertainties about their babies' health and future. Negative emotions of mothers of premature babies appear as a risk factor for mother-child interaction. For the seeking of intimacy to be met positively, the mother's correct perception of the signals coming from the baby and meeting the needs of the babies play a critical role in terms of attachment. Because premature babies are born immature, some of the characteristics may negatively affect the signals coming from the baby or the correct perception of the signals coming from the baby. Mothers of premature infants have more challenges in initiating and maintaining interaction and, they experience less positive responses from their infants. In this context, the effects of premature birth on the family and family's attitudes towards premature babies appear as important factors that may affect the development of babies. Our study is aimed to determine the factors affecting the depression, stress, and anxiety levels of mothers of premature babies. Depression, stress, and anxiety symptom severity of mothers will be determined using the Depression Anxiety Stress Scale-Short Form (DASS-21). Qualitative data, including the factors affecting the depression, stress, and anxiety levels of mothers of premature babies obtained from the semi-structured interview form created by the researchers, will be analyzed using the qualitative analysis method. Medical risk factors of premature babies will add to the study as a control variable. Risk factors will classify using the Turkish Society of Neonatology High-Risk Infant Follow-up Guide by a physician specializing in Developmental Pediatrics. Within the scope of this research, it considers that the holistic consideration of the risk factors affecting the depression, stress, and anxiety levels of mothers of premature babies will contribute to the literature and guide the intervention points.

Keywords: *postpartum depression, prematurity, anxiety, stress*

ONLINE EMDR SESSIONS WITH CHILDREN: A CASE STUDY

Canan ÇİTİL
Ümran KORKMAZLAR

Children are exposed to traumatic experiences whenever they witness their loved ones are hurt. Children who have seen their attachment figures are hurt tend to have anxiety and fear of loss, which, in return, can have a negative impact on their daily lives. Several studies have proved EMDR psychotherapy to be effective for children and adolescents with traumatic experiences. COVID-19 pandemic had many professionals consider online psychological counseling sessions more and more as an alternative to face-to-face ones. Similar to in-person therapy, online EMDR sessions comprise all 8 phases: initial history taking and treatment planning, preparation, assessment, desensitization, installation, body scan, closure, and re-evaluation. Furthermore, EMDR offers the flexibility for each phase to be adapted to the age and needs of the client. This study aims to describe the effectiveness of the online EMDR sessions carried out with an 8-year-old boy who witnessed her mother broke her leg after having fallen down the stairs. Consequently, he had to spend a month apart from her.

Qualitative case study was employed in this research to be able to describe the psychological counseling sessions effectively and explain the EMDR intervention in detail. Pseudonyms were used to ensure the client's privacy. The researcher and the parent took notes on the psychological counseling process. Moreover, all the sessions were recorded and then transcribed by the researcher. Thematic analysis of the qualitative data was done using Nvivo. Qualitative case studies include more than mere quantitative data but can be supported with it as well. Thus, Children's Revised Impact of Event Scale (CRIES-8) was administered as pre, post and follow-up tests.

A total of 11 online EMDR sessions, including the follow-up session, were carried out with the client. Based on the thematic analysis findings, three factors were identified to make online EMDR sessions effective: therapeutic connection (I hear you!), intervention methods (healing through bilateral stimulation), observable change (I see you!). Keeping the initial preparation phases long enough before moving onto desensitization was noted to be essential to create a therapeutic connection. Bilateral stimulation through pictures was proven to be effective in the desensitization phase, while bilateral stimulation through stories was effective in the installation phase. The client managed to draw a picture of his mother being able to move again later in the sessions, even though he drew the moment she fell as the worst picture at the beginning. This helped us understand that processing had started, and the trauma had been solved. "Healing story" technique was employed in the installation phase to help with the repeated anxiety patterns and trauma. The client was observed to be able to identify with the content of the story. Moreover, at the end of the counseling process, the client could connect with his mother better, could stay at home away from her and could practice the skills he learnt to calm down in his daily life. Last but not least, the total score of CRIES-8 decreased to 10 (post-test) from 21 (pre-test) and was found to be 5 in the follow-up test.

Times when children have to stay away from their attachment figures combined with the thoughts that they could be hurt can create traumatic experiences for them. This study was carried out with one client, therefore cannot be generalized. However, it describes how to employ the EMDR protocol in online sessions and proves its effectiveness. Playing active games and resource installation in the preparation phase facilitated the transition to desensitization. Compared to face-to-face therapy, online sessions needed to be kept shorter. Furthermore, having a couple of extra activities and sharing them with the family were also essential to the success of the process. The parents are expected to act like an assistant therapist due to the nature of online sessions. This study contributes to the literature as it could be a guideway for the professionals who plan to make use of online EMDR sessions with children.

Key words: EMDR, healing story, case study

DURING THE COVID-19 PANDEMIC, THE LEVEL OF HOPE, EMOTION REGULATION, AND PSYCHOLOGICAL RESILIENCE OF SYRIAN REFUGEE CHILDREN AND ADOLESCENTS

Dilan DİŞ
Elif EROL
Özge Buran KÖSE

As a result of continuing civil unrest in Syria, people have had to leave their homeland. War and forced adaptation process as a result of it can have unwanted traumatic effects on the children and adolescents. Trauma-related symptoms such as a feeling of trapped and learned helplessness can be seen in children due to the feelings of helplessness, worthlessness, guilt, and insecurity after the trauma, and the use of dysfunctional coping strategies for these feelings. Refugee children who are exposed to war and migration that may have a direct traumatic effect, are one of the groups at the greatest risk in this situation. Covid-19 pandemic is another unexpected and unwanted reality that breaks the children's routine and deteriorates their sense of safety as well as war. In the light of these two issues psychological well-being of Syrian refugee children and adolescents gained importance. Looking at long and short term effects of being refugee and Covid-19 pandemic, it can easily said that these two affairs has traumatic impacts on children and adolescents' psychological health. Childhood trauma is not only associated with emotion regulation, but also the level of hope, and psychological resilience.

This study aimed to investigate how being a refugee in a foreign country affected these children and adolescents' depression level, level of hope, psychological resilience, and emotion regulation.

The sample of this study consisted of 397 Syrian refugees whose aged between 11 and 17. The models proposed by the current investigation were tested using structural equation modelling using LISREL 8.51.

It is estimated for the indirect effect ($-.36$, SE: $.04$, $p < 0.01$) of hope on difficulties in emotion regulation through resilience which mediated this relationship. So that, in the model 60% of variance in hope was accounted for resilience, while difficulties in emotion regulation accounted for 21% of the variance in resilience.

Looking at the results of the study, aspects of psychological well-being serve as the predictor of the level of hope, emotional regulation, and psychological resilience. It was found that there was a significant relationship between hope, emotion regulation, and resilience. Based on this relationship, since both hope and appropriate emotion regulation strategies contribute to resilience, working on these factors will increase resilience in children. The findings also show that emotion regulation and hope factors are integral parts of resilience.

Key words: *Children and adolescent refugee, Covid-19 pandemic*

DURING THE COVID-19 PANDEMIC, THE LEVEL OF HOPE, EMOTION REGULATION, DEPRESSION, AND PSYCHOLOGICAL RESILIENCE OF SYRIAN REFUGEE ADOLESCENTS

Dilara BATĞI
Elif EROL

The number of Syrian refugees who have recently migrated has increased considerably due to the war in Syria. Due to this reason, children and adolescents were affected by adverse experiences, which led them to mental health problems such as depression and Post Traumatic Stress Disorder (PTSD). In the light of all this, the world tried to find a solution for refugees while at the same time, the Coronavirus disease (Covid-19) burned the whole world and turned into an epidemic. The virus has threatened people globally and already been transmitted to over 14 million people. According to a study conducted by Wang et al. in 2020, it was found that 53.8% of people have had moderate or severe depressive symptoms since the epidemic started. However, some refugees were less affected or unaffected by this situation. Studies have found that social distances, closures, and new normals increased people's fear, panic attacks, depression, sadness, anxiety, and caused sleep problems. Due to the covid-19, refugee children may be retraumatized. Studies examining the effects of the quarantine caused by Covid-19 on children showed more PTSD and depression symptoms during the quarantine process. This research was conducted by Elif Koca, Özge Buran, and Dilara Batği to understand how the Covid-19 pandemic affected the level of resilience, depression, hope, and emotional regulation of Syrian refugees between ages 14 to 18. The sample consisted of 301 Syrian refugee adolescents aged between 14 to 18. Demographic Form, Personality Inventory for DSM-5 Brief Form (PID-5 BF), Beck Depression Scale, and Life Quality Scale were applied to the participants. It is estimated that the substantial indirect effect ($-.47$, SE: $.06$, $p < 0.01$) of life quality on personality traits through depression mediated this relationship. So that, in the model, 46% of the variance in life quality was accounted for by depression, while personality traits accounted for 47% of the variance in depression. As a result of the research, it was found that depression mediated the relationship between personality disorder and quality of life in the period of COVID-19 in refugee adolescents who migrated from Syria. In other words, the personality domain dysfunction intensity of Syrian refugee adolescents between the ages of 14-18 is related to their quality of life. In addition, a decrease is observed in the quality of life in the field of health, emotional quality of life, and perceived quality of life concerning the environment and school with the increase in personality field dysfunction among Syrian refugee adolescents. At the same time, the perceived low quality of life in different areas in Syrian refugee adolescents increases depressive symptoms; an increase in depressive symptoms also predicts quality of life. The rise in personality dysfunction of Syrian refugee adolescents was found to be determinant on depression symptoms, and these depression symptoms were found to be determinant on the perceived quality of life.

Keywords: Syrian Refugee, Covid-19, Children, Adolescent, Psychological Helath

DOES GENETIC LIABILITY AFFECT THE THEORY OF MIND AND EMPATHY IN BROAD AUTISM PHENOTYPE?

Elif Yıldırım
Sevinç Nisa ABAY

Impairment in the ability to understand others' feelings, thoughts, wishes, and intentions, which is termed as the Theory of Mind (ToM), is one of the main features of Autism Spectrum Disorder (ASD). Previous studies showed impaired cognitive and affective ToM in individuals with ASD. It was also stated that cognitive empathy, which has theoretical similarities with the affective ToM, decreases in ASD. However, the functioning of emotional empathy, which is based on more bodily sensations such as emotional contagion, in ASD is controversial. Besides, studies also found impairments in these abilities in the Broad Autism Phenotype (BAP), characterizing by subclinical autistic traits among the non-clinical sample. However, these studies were conducted with the relatives of individuals with ASD. Gökçen et al. (2016) examined BAP in the general population and found that decreased ToM and cognitive empathy were associated with increased autistic features. Recently, Camodeca (2019) assessed ToM abilities of a sample consisting of parents of children with ASD and non-parents. The author, who divided the sample into two groups according to the level of autistic traits: BAP and non-BAP, found no difference between groups. However, the question addressing how the interaction of BAP and the genetic predisposition affects ToM and empathy remains unanswered. This study aimed to examine the effect of the interaction between BAP and genetic liability on ToM and empathy.

The sample included a total of 142 participants: 52 parents who have a child with ASD, and 90 controls. The Autism Spectrum Questionnaire (AQ) consisting of 50 items was applied to measure the autistic traits of the participants. To evaluate the performance of ToM, Reading Mind in the Eyes Test (RMET), which assessed the ability of participants to recognize the emotions and thoughts of others through the eye expressions, was used. Finally, the Interpersonal Reactivity Index (IRI) assessing both cognitive and emotional empathy, was used as a measure of empathy. Data were collected online and face to face. Autistic traits levels were grouped according to the cut-off score calculated by the mean score of AQ of the participants. AQ-low group included the participants who scored below the cut-off point, whereas the participants who scored above the cut-off point were assigned to the group AQ-high. The AQ groups (AQ-low and AQ-high) and participant groups (parent and control) were used in the statistical analyzes to make comparisons.

Twenty-two participants () from the parent group, whose AQ scores were above the cut-off point (AQ = 19), were categorized into the AQ-high group, whereas the number of participants from the control group was 38 (). The results of independent sample t-test analyzes showed that the RMET scores of the AQ-high group were higher than the AQ-high group. A two-way ANOVA (2X2) was conducted to determine the effect of the interplay between autistic traits level and participant group on RMET scores. However, there was no significant interaction term. On the contrary, although the affective KTI scores did not differ between AQ groups, there was a significant interaction between the level and the group. The scores of parents who are in the AQ-high group were found higher than control participants who are in the AQ-low group. There was no significant differentiation and interaction between the OSA groups for cognitive empathy.

The findings, consistent with the literature, provided evidence suggesting that ToM and emotional empathy could differ according to the level of autistic traits. The results also showed that genetic liability may create a different interaction, especially in the light of emotional empathy. The finding of this study, which pointed to increased emotional empathy in parents with high autistic traits, may contribute to future studies focusing on the broad autism phenotype. In this respect, it is essential to carry out studies with a larger sample that combine behavioral measurement with physiological methods with high sensitivity in measuring emotional empathy.

Key words: Autism, Theory of Mind, Empathy

UNDERSTANDING POST TRAUMATIC PLAY THROUGH THE LENSE OF NEUROBIOLOGY

Aim of the presentation is to explain why it is important for the play therapists to understand the neurobiological underpinnings of post traumatic play during therapy and how neuroscience informed play therapy improves the healing process of trauma. Understanding how the brain develops and changes is important for therapists because it is the brain that simultaneously processes traumatic experiences and the therapeutic process. Traumatic experiences stored in the body and mind can be accessed and integrated with play, art and expressive therapies. Brain science informed play therapy focuses on understanding the effect of trauma on body and brain of the child. So, this presentation aims to draw attention to the importance of integrating relational neuroscience perspective to the therapy process. It suggests that the knowledge of the conditions to support dynamic therapeutic play as opposed to stuck play and the relevant neurobiological characteristics is crucial in the healing process of trauma.

Literature Review Application of the neuroscience perspective to the therapy helps play therapists to determine the direction of the therapy. Therapy also aims to positively affect the structure and physiology of the brain. A play therapist's theoretical understanding of the psychological and physiological effects of trauma on child development determines the direction of his work and increases the effect of therapy. Children naturally get driven to play through their traumatic experiences. Their innate tendency to express their feelings and experiences through play forms the basis of play therapy. Panksepp defines play as one of the seven affective motivational systems in the mammalian brain. According to Panksepp, play has a special circuit that can only be evaluated when the child feels safe. When working with children's traumas, the therapist needs to observe if the child feels safe, and the difference between traumatic play, trauma re-enactment, and trauma rework. The difference between dynamic therapeutic play and stuck play which is post-traumatic and stagnant must be known by the play therapists. Since stuck play can't help the child to integrate, it only causes to re-experience the trauma. This review will try to find answers how the therapist can create conditions to improve dynamic play instead of stuck play in the sessions.

It is thought to gain a meaningful perspective by considering a coherent framework for the therapeutic powers of play in terms of applying emerging developments in neuroscience. A multidisciplinary approach is used to understand the characteristics of post traumatic play and the ways to transform it into dynamic play through play therapy. The quality of the therapeutic relationship, the felt sense of safety and the integration of the traumatic experiences during therapy are expressed as the main factors at the healing process.

During the post traumatic play process, it might be challenging for the therapist to keep the child in his or her tolerance window and safe physiological state. When the therapists become aware of the possible physiological changes that might occur during post traumatic play, they can track the child's improvement better and help to keep the child in the optimal level of arousal by the appropriate guidance. Play therapy provides the neural activity that enhances the social engagement system of the child, hence both disciplines are intertwined to give us better insight to understand the child and identify the post traumatic play. Brain science knowledge is thought to be an effective necessity for the play therapists training.

Key words: *play therapy, post-traumatic play, neuroscience*

EXPERIENCES OF TELEPSYCHIATRY WITH CHILD AND ADOLESCENTS DURING COVID-19 PANDEMIC

Hande Ayraller **TANER**

The history of telepsychiatry practices in the field of child mental health dates back to the 1970s. However, until the COVID 19 pandemic, the vast majority of professionals working in the field of child mental health had limited telepsychiatry experience. With the onset of the COVID 19 pandemic, telepsychiatry practices in Turkey have accelerated and our experiences in the field of child mental health have begun to diversify. In addition, deficiencies in this area and what can be done in the future have begun to be noticed. In this study, it was aimed to evaluate the online interviews made by a child psychiatrist during the COVID 19 pandemic, to examine the characteristics of the applications and the psychiatrist's online telepsychiatry experiences.

In this study, the ages, diagnoses and number of interviews of 16 cases evaluated by the same psychiatrist were analyzed by retrospective file scanning. Based on the experiences of the psychiatrist, telepsychiatry practices made via online video conferencing were evaluated.

A total of 16 children and adolescents, 12 girls and 4 boys, aged 8 to 18 years, were included in the assessment. 5 cases were 12 years old; the mean age of the cases is 13.6. All of the cases were evaluated by the same psychiatrist at least once before with a face to face interview. One of the cases requested to make the first interview online, and the follow-up interviews were made online after 1 face-to-face interview. Three of the cases were seen for the first time during the COVID 19 pandemic, and the others were child adolescents who were followed up before the pandemic. When the diagnoses of the cases were examined, it was found that 2 had attention deficit hyperactivity disorder, 5 had depression, 5 had anxiety disorder, 3 had obsessive compulsive disorder, and 1 case applied for counseling. A total of 60 online videoconference interviews were conducted with 16 cases. It was determined that 11 cases were receiving pharmacotherapy. Cognitive behavioral therapy was applied in 2 cases diagnosed with obsessive compulsive disorder and in one case each diagnosed with social phobia, panic disorder and generalized anxiety disorder. It was observed that the applications made by the psychiatrist who conducted the interviews via online videoconferencing were as effective as face-to-face interviews with the adolescents who had previously been interviewed. However, it was noted that the effectiveness of the interview decreased in those under the age of 12 and diagnosed with attention deficit hyperactivity disorder. It has been observed that the most common problems are related to the establishment, maintenance and quality of the online connection.

In this study, the features of 60 online videoconference interviews with 16 children and adolescents were examined. It has been observed that, in cognitive behavioral therapy, sessions with video conferencing are more effective than face-to-face therapy sessions, especially in some patients with obsessive-compulsive disorder. However, maintaining the attention of children with neurodevelopmental disorders such as attention deficit hyperactivity disorder to online interviews has emerged as an important problem. Another troublesome point was ensuring the privacy of the interviews. The lack of sound insulation in the rooms reduced the reliability of the interviews. In addition, problems such as connection difficulties and disconnections that may occur in internet connection make it difficult to implement. It has been noticed that the delay in voice transmission makes communication difficult, especially in psychotherapy sessions.

Telepsychiatry practices have become a part of the routine in the working life of professionals working in the field of child mental health with the COVID 19 pandemic. The limitations of this study include the

evaluation of interviews conducted by a single psychiatrist, and the low number of children under 12 years of age. Regarding the use of technology in the field of child mental health, the impact of which will gradually increase in our daily practice; there is a need for comprehensive studies examining the experiences of mental health professionals working with children and adolescents.

Key words: *child adolescent psychiatry, telepsychiatry*

THE RELATIONSHIP BETWEEN PSYCHOLOGICAL WELL- BEING AND LIFE PROJECT, PSYCHOLOGICAL RESILIENCE, EMOTION REGULATION AND PERCEIVED STRESS FACTORS OF SYRIAN MIGRANTS DURING THE COVID-19 PANDEMIC PROCESS

Mert AYTAÇ
Elif EROL

The aim of this study is to examine the relationship between the well-being of Syrian immigrants and life project, psychological resilience, emotion regulation, and perceived stress factors during the Covid-19 pandemic process.

The world has been focusing on two issues lately. In addition to the long-standing refugee problems, the COVID-19 pandemic process has also occurred. According to the United Nations High Commission for Refugees (UNHCR), the number of people who have been forcibly displaced is almost 80 million. Due to the ongoing civil conflict in Syria, many people have had to leave their country to find a safer country. According to UNHCR reports, at the end of 2019, there are 6.7 million Syrians who left their country the most, and it takes the first place. Turkey is seen as the country hosting the highest number of Syrian refugees in the world. In addition to the refugee problem, the COVID-19 epidemic has an impact all over the world. The COVID-19 epidemic is one of the most devastating health problems and deadly epidemics that complicate the daily lives of individuals all over the world. While these two problems continued, some concepts gained importance. One of these concepts is psychological well-being. The concept of psychological well-being is central to the evaluation of one's own life as a project, and in this context, it is the collective evaluation of life by examining it together with the past, future, and present. Therefore, the adoption of the concept of psychological well-being has given importance to positive emotions and focused on the individual's resilience and coping abilities and skills. Studies have shown that it is associated with many variables such as psychological resilience, difficulty in emotion regulation, stress factors, positive contact, and social support. It is seen that the concept of psychological well-being of immigrants is not studied sufficiently in our country. For this reason, it will increase the importance of the research to be done.

In the study, 520 Syrian immigrant adults aged between 25–50 were included in the sample. Psychological Well-Being Scale, Psychological Resilience Scale, Emotion Regulation Difficulty Scale, and Perceived Stress Factor scale were applied to Syrian immigrants as data collection tools. Correlation and regression analysis were used in the analysis of the data. The data were analyzed with the SPSS 23 program.

As a result of the correlation analysis, moderately significant relationships were found between the variables. Positive relationships between psychological well-being and life project hope, activation, and resilience variables; Negative relationships were observed between life project regret, difficulty in emotion regulation sub-factors and perceived stress sub-factors.

The findings of this study showed that psychological well-being variable was a positive predictor of psychological resilience, emotional dysregulation aims and life project hope subscale in Syrian immigrants. These results support that psychological well-being increases the level of psychological resilience and hope in Syrian immigrants. These results were discussed within the scope of the relevant literature and recommendations were made.

Key words: *Covid-19 Pandemic, Refugee, Psychological Well-Being*

COGNITIVE FORMS AND COGNITIVE THERAPY APPLICATIONS IN TRAUMA VICTIM OF CHILDREN AND ADOLESCENTS

Mustafa Kerim ŞİMŞEK

Trauma can be defined as experiencing or witnessing an event that threatens one's life, physical and mental integrity. Children and adolescents may become victims by experiencing or witnessing a series of traumatic events such as violent crimes, sexual abuse, disasters, war, or bullying, and they may develop post-traumatic stress disorder (PTSD). Cognitive, emotional, social, or behavioral symptoms that develop in children or adolescents who are victims of trauma may lead them to develop some traumatic reactions such as avoidance, overstimulation, or decreased response. Considering the emphasis on the importance of cognition in traumatic reactions, it is thought that it is important to know trauma-specific cognitions and cognitive intervention practices in children and adolescents. The aim of this review study carried out in this context is to present trauma-specific cognitive structures in children and adolescents by explaining the cognitive models that explain trauma, and to express the treatment of trauma by cognitive therapy, and to introduce applications including related intervention techniques through examples.

Within the scope of the research, studies published between 2005–2020 were searched in ScienceDirect, GoogleScholar, Ulakbim, and Springer databases to determine the cognitive models explaining trauma and the cognitive structures specific to trauma in children and adolescents and their related cognitive therapy applications. During the screening, the words "child and adolescent", "trauma", "cognitive therapy", "traumatic cognition", "post-traumatic stress disorder" and "pediatric trauma" and word groups were used. Studies conducted with the age range of 7–17 years were included in the screening, but this criterion was not taken into account in cognitive models explaining trauma.

In the studies reviewed within the scope of the review, first of all, cognitive therapy\'s handling of trauma was explained, cognitive models related to the development and continuation of trauma were introduced, frequently observed cognitions specific to trauma in children and adolescents were expressed, and intervention methods specific to cognitive therapy for trauma victims of children and adolescents were listed with examples. In the findings, it was seen that considering the cognitive structures of children and adolescents who were victims of trauma in the context of cognitive therapy practices is an effective factor in the treatment of trauma.

As a result of the studies examined in this review study, it was seen that the cognitive models explaining trauma are still effective and valid. It has been concluded that the cognition structures of trauma victims may differ from person to person and the cognition structures that are frequently observed especially in children and adolescents are different from adults. This can be interpreted as mental health professionals\' use of adapted cognitive techniques in addition to adults would be more effective when working with children and adolescents who were victims of trauma. In addition, the effectiveness of cognitive therapy applications for children and adolescents who are victims of trauma has been evaluated, and it is thought that cognitive therapy techniques such as reconsidering their thoughts, bringing alternative explanations, examining evidence, and using metaphors may be beneficial in the treatment of trauma victim children and adolescents.

Key words: *Trauma, Cognitive Therapy, Child, Adolescent*

INVESTIGATION OF THE MEDIATION EFFECT OF JOB STRESS AND STRESS COPING LEVELS ON THE OCCUPATIONAL SATISFACTION OF INDIVIDUALS WITH CHILDHOOD TRAUMA

Nur İrem TOPRAKSEVEN
Elif EROL

Childhood traumas; involves all inappropriate and damaging actions which are made against child by the adults which give damage and which affect the on the child's development adversely. As a result of these actions, child is harmed physically, sexually, psychologically and socially and the child carries the impacts of this damage through his life. In the survey; it is hereby aimed to examine about how and to what extent the professional satisfaction has been affected in the persons between 20-60 years old who have been exposed to childhood trauma, as well as to find out the mediation effect of the procedures which are sued for struggling against business stress and general in these people's life. Pandemic process which is a global process has affected all persons life adversely. At the scale of afraid of Covid-19 which is the control variable, it is hereby aimed to see how the volunteer attendants perceive the illness of Covid-19 and to examine their fear level. It is hereby set forth Covid- 19 which has arisen out through the Pandemic process has been affecting business stress and the level of overcoming the stress has fallen down.

In the research was conducted over totally 310 persons, both women and men, who are between 20-60 age group and who are actually being employed ($n=310$, $n= 61$ men, %19,7, $n= 249$ women, %80,3). In the

data collection process, Personal Information Form, Childhood Traumas Scale, Professional Satisfaction Scale, A- Business Stress Scale -20, Scale for overcoming stress and Covid-19 Fear Scale are applied. Covid-19 Fear Scale is hereby added as control variable. All scales part from Personal Information Form are 5- point likert scales. To the volunteers who attended Personal Information Form, following questions were asked: their gender, age, education status, civil status, profession, whether they have any psychological problem or not, if any the psychiatric diagnosis, whether they were caught to Covid-19 during the pandemic process or not, whether they have experienced any loss of business or not, and any change existed in their income level during this process. The data obtained herein were analyzed in SPSS-21 program and their relation and level of relationship were examined.

As a result of the analysis conducted, the rates of the volunteers attended are taking place in between the following ages; %57,7 ($n = 179$) between 20 - 30, %23,2 ($n = 72$) between 31- 40, %13,9 ($n = 43$) between 41-50, %5,2 ($n = 16$) between 51 - 60. The education status of the volunteers attended the survey is as follows %67,4'ü ($n=209$) university, %18,1 ($n=56$) postgraduate, %10 ($n=31$) high school, %1,3 ($n=4$) secondary school, %2,6 ($n = 8$) doctorate, %0,3 ($n=1$) open high school, %0,3 ($n=1$) primary school graduates. Among the participants %41,3 ($n=128$) are married, %54,5 ($n=169$) are bachelor, % 4,2 ($n= 13$) are divorced. According to the correlation data obtained herein; there exists no meaningful relation between the professional satisfaction of the individuals who has been exposed to childhood trauma statistically ($p>.005$). No meaningful relation is hereby found between the variable of overcoming stress belonging to the individuals who have been exposed to childhood trauma ($p>.005$). The business stress level of the persons who have been exposed to childhood trauma is lower ($r = .193$) but a meaningful relation is hereby found ($p < .005$). There exists a backward meaningful relation ($r = -.195$) which is at lower level between the attendants education status and business stress variable ($p<.001$). In the regression study conducted herein between the business stress and professional satisfaction, lower rate ($R= .23$) of meaningful relation is hereby found. ($p< .005$). Business stress professional satisfaction is explained by %5,3 ($R\text{ square} = .053$). In the regression analysis, in between Covid - 19 fear and business stress, lower rate of ($R= .203$) meaningful relation is observed. ($p<.005$). Covid - 19 fear and business stress is hereby explained by a rate of %6,2 ($R\text{ square} = .062$). In the regression analysis conducted, in between the professional satisfaction and business stress childhood trauma a lower rate of ($R= .203$) meaningful relation is hereby found. ($p<.005$). The connection of professional satisfaction and business stress child trauma is explained by %4,1 ($R\text{ square} = .041$).

Key words: *Childhood Trauma, Occupation, Stress*

EXAMINATION OF THE RELATIONSHIP BETWEEN THE MOTHER-FATHER RELATIONSHIP AND THE STATUS OF SINGLE PARENTS DIAGNOSED WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER

Attention Deficit Hyperactivity and Impulsivity Disorder is one of the most researched disorders in the field of child and adolescent mental health clinic studies. Its etiology still not fully elucidated. It is a heterogeneous neurodevelopmental disorder that lasts for life. On the other hand in recent years, there has been a significant increase in divorce rates all over the world. It is stated that children in families going through a high conflict divorce process are at an increased risk in terms of emotional and behavioral problems in the short and long term. It is seen that divorce has negative and often traumatic effects in the period of child and adolescence, whose mental and physical development process continues. When the literature is examined, it is stated that there is an increase in emotional and behavioral problems in children after divorce and negative effects on children's mental health (adjustment disorders, oppositional defiant disorder, behavioral problems, substance use and emotional dysregulation).

The aim of this study is to examine the effects of single parent status on the relationships with their parents, impulsivity, behavior problems, substance use and academic achievement in adolescents diagnosed with ADHD Disorder.

In line with this aim, the sample consisted of 60 adolescents aged 10-18 who were diagnosed by a Child and Adolescent Psychiatrist working in the Child and Adolescent Psychiatry outpatient clinic of Baris Mental Health Hospital. In order to asses ADHD according to DSM-5 diagnostic criteria. These measurement tools are used to collect the data in this study; Patient Consent Form, Demographic Information Form, Child and Adolescent Behavior Disorders Screening and Rating Scale based on DSM-IV and BIS-II. The distribution of the adolescents included in the study according to their sociodemographic characteristics, substance use, academic achievement and relationships with their parents, and the results of the DSM-IV Based Screening and Evaluation Scale for Conduct Disorders in Children and Adolescents was determined by frequency analysis and Pearson chi-square test was used for comparisons between groups used.

Accordingly, statistical analysis the rate of attention disorder was found to be higher in single parent children. The rate of single parent adolescents describing their relationship with their father as bad was higher than that of double parent adolescents. Although ODD prevalence is high in single parent adolescents, the difference is not significant. Single parent adolescents had higher non-planning, motor impulsivity and attention impulsivity scores compared to double parent adolescents.

In this study, impulsivity, substance use and parental relations were examined in the light of environmental factors. Various studies have examined the complex relationship between impulsivity, parental relationships, childhood traumas and ADHD and significant results have been found. It seems that impulsivity is a factor closely related to the clinical course of ADHD. As a result, it was found that the single parent

status of adolescents with ADHD negatively affected their attention and impulsivity levels, which negatively reflected on the course of the diagnosis. In the light of the findings, which are compatible with the literature, the limited sample size of the study and the absence of parents in the study were an important limitation. In addition to being a single parent, parents were also included in similar studies and their relations with the father, inclusive functions and expression of emotions in the family; It was seen that studies examining ADHD and impulsivity levels in the family were limited and new studies were thought to be useful. It has been reported that hyperactivity, a remarkable finding supporting the views of the French School of Psychoanalysis, is a secondary symptom that occurs as a result of various clinical conditions and points to these conditions. In this sense, it was thought that it would not be a healthy approach to diagnose ADHD and impulsivity without a detailed understanding of the child's psychological organization and without considering individual differences. In this context, it was thought that an in-depth examination of the psychological organizations of children and adolescents together with family dynamics during the diagnosis process would be beneficial in terms of healthier mental work process and preventive studies. It is thought that more detailed studies will contribute to the literature.

Key words: *ADHD, single parent, impulsivity*

INTERGENERATIONAL TRANSMISSION OF TRAUMA IN THE CONTEXT OF THE COVID-19 PANDEMIC

Ralitsa MIHAYLOVA

Intergenerational transmission of trauma is related to any disturbing events, experienced by the parents before conception and by the mother during pregnancy, that have a negative impact on the offspring. Psychological explanations of this phenomena include the difficulty of parents that have lived through trauma to mentalize and reflect adequately on their children's experiences; the psychopathology of such parents directly influences the onset of emotional and behavioral symptoms in children, as their relationship with them is initially dysfunctional and attachment is impaired. Along with psychological theories there are biological explanations, assuming that the effects of these traumatic events are transmitted by epigenetic mechanisms to the future generations.

In the light of the events related to the coronavirus pandemic in the last almost 2 years, the world experienced a collective trauma, unprecedented in its nature in the recent history of mankind. The dimensions and consequences of the pandemic resulted in fear for one's own health, growing anxiety and uncertainty about the future, loss of million lives, social isolation and disrupted daily routine, lack of trust in institutions, loss of jobs and income, etc. The pandemic has affected entire social systems and has affected the lives of millions of people around the world, either directly or through secondary and tertiary dynamics. Particularly vulnerable are some groups in society such as children, the elderly, minorities, pregnant women, healthcare workers, etc. What particularly adds to the traumatic nature of the pandemic is its unpredictability and uncontrollability, the long-term health effects the virus may have, including the fact that it remains ongoing two years after the first case documented. Unfortunately, mental health care, in terms of survival, has remained of secondary importance. The drastic lifestyle change caused by the pandemic may be associated with increased feelings of loneliness, anxiety, depression, insomnia, substance abuse, obsessive-compulsive tendencies, risky behaviours and suicide.

We are yet to witness the long-term effects of the pandemic, including on future generations. Pregnant women are extremely vulnerable to the stress caused by the coronavirus – both because of the above-mentioned aspects and because of difficult access to adequate medical care, increased risk of complications during pregnancy and childbirth, uncertainty about the safety of vaccines, lack of support from relatives due to distancing. Given the critical importance of the perinatal period for development (neuropsychological and physical), all of this will inevitably affect future generations who, inheriting their parents' trauma, are likely to be more susceptible to psychiatric disorders and emotional and behavioural problems. The coronavirus pandemic is even more threatening in terms of the fact that it is very likely that both parents have survived it, ie. the risk to newborns is even greater.

It is therefore necessary to take measures for the better mental health of future parents, especially mothers. Some of these measures may include facilitated access to psychological support, including online access, the possibility of receiving reproductive and pediatric consultations online, and economic measures to support families, as well as the presence of clinical psychologists in obstetrics and gynecology departments and neonatology. There is also a need for longitudinal and prospective studies to take into account the effects of the coronavirus pandemic on the mental health of future generations. Furthermore, this situation provides an opportunity for a more in-depth study of the epigenetic mechanisms by which transgenerational trauma transmission occurs.

THE RELATIONSHIP BETWEEN MATERNAL EMOTIONAL AVAILABILITY, CHILD NEGATIVE EMOTIONALITY AND MATERNAL EMOTION SOCIALIZATION IN A SOCIO-ECONOMIC RISK GROUP

İrem Buselay ÖZER
Gizem ARIKAN

Parents' supportive and non-supportive reactions towards children's negative emotionality is an important indicator for forming an emotionally available relationship. The present study investigates relationship between maternal supportive/non-supportive reactions, child negative emotionality, and emotional availability that encompasses maternal sensitivity, structuring, non-hostility, and non-intrusiveness in a low SES Turkish mother-toddler dyads. Our research questions are as follows: Research Question 1: Is there an association between maternal sensitivity, structuring, non-intrusiveness and non-hostility, and mother's supportive reactions and non-supportive reactions? Research Question 2: Is there an association between child negative emotionality and mother's supportive reactions and non-supportive reactions? Research Question 3: Is there an association between child negative emotionality and maternal sensitivity, structuring, non-intrusiveness, and non-hostility? Research Question 4: How would maternal sensitivity, structuring, non-intrusiveness, non-hostility, and child negative emotionality predict mother's supportive reactions and non-supportive? Research Question 5: Does mother's non-supportive reactions, mother's supportive reactions, maternal sensitivity, structuring, non-intrusiveness, non-hostility, and child negative emotionality differ based on EAS zone categories? According to the differential susceptibility model, children high in negative emotionality could benefit from supportive emotion socialization and sensitive parenting more than children low in negative emotionality. Thus, it is especially important for children with high negative

emotionality to be exposed to such a positive environment. In the review of Eisenberg (2020), the socio-economic status of the family, parent (e.g., emotional availability and/or attachment), and child characteristics (e.g., child negative emotionality) are suggested as contributors for parental emotion socialization. In order to facilitate supportive emotion socialization especially in high-risk groups (e.g., low SES, disadvantaged groups), it is critical to understand the interplay of these factors in early mother-child interactions. The mothers (N=102; Mage=30.44 years; SD=4.7) and their toddlers (Mage=23.25 months, SD=6.7) recruited for the study. In a home observation mothers and their toddlers' 10-minute free-play sessions were videotaped. Then recorded interactions coded for Emotional Availability Scales by certified two independent coders (inter-class correlation coefficient: .80 – .98). Also, mothers were asked to fill out Coping with Toddler's Negative Emotions Scale (Cronbach's Alpha values: .91 and .68) and Emotionality Activity Sociability Survey. In this study, the emotionality subscale was used with .69 Cronbach alpha value. The results showed that maternal supportive reactions were positively correlated with both mother's non-intrusiveness ($r=.53$, $p<.001$) and mother's non-hostility ($r=.68$, $p<.001$). Further, maternal non-supportive reactions and child negative emotionality were positively correlated ($r=.25$, $p<.05$). Regression analysis ($F(1, 91) = 7.73$, $p=.001$, $R^2 = .20$) showed that child negative emotionality ($\beta=.20$, $p<.05$) together with SES ($\beta=-.27$, $p<.001$) predicted maternal non-supportive reaction. In line with this result, mother's non-intrusiveness ($F(1, 95) = 4.41$, $p < .05$, $R^2 = .04$) and non-hostility ($F(1, 95) = 5.05$, $p < .05$, $R^2 = .05$) significantly predicted maternal supportive reactions. Lastly, the mothers differed in showing non-intrusiveness $F(3, 98) = 25.79$, $p < .01$ and non-hostility $F(3, 98) = 50.74$, $p < .01$ towards their children based on EAS zones of emotionally available, complicated, avoidant, and problematic. (Memotionally available=5.28a; SD=.48, Mcomplicated=3.86b; SD=.75, Mavoidant=3.79b; SD=.88, Mproblematic=2.68c; SD=.73 for non-intrusiveness; Memotionally available= 6.06a; SD=.66, Mcomplicated=4.65b; SD=.80, Mavoidant=.4.24c; SD=.42, Mproblematic=2.21d; SD=.70 for non-hostility.) In conclusion, these analyses showed children with high negative emotionality may be exposed to more non-supportive reactions from their mothers in a low SES Turkish sample. However, according to the differential susceptibility model, demonstrating supportive emotion socialization is crucial, especially for children with high negative emotionality in order for them to benefit more from this positive treatment. Thus, our findings can enable developing intervention programs targeting low SES mothers for the future and they can focus on maternal non-intrusiveness and non-hostility to enhance maternal supportive reactions. First limitation of the study is cross-sectional design. So, it does not indicate any causal relationship. Secondly, parental emotion socialization and child negative emotionality were measured by self-report questionnaires which could lead mothers to choose more socially acceptable answers. Therefore, future research should consider using multiple reporters and longitudinal designs.

Key words: *emotion socialization, child negative emotionality*

THE INTOLERANCE OF UNCERTAINTY SCALE FOR CHILDREN: RELIABILITY, VALIDITY, AND ADAPTATION STUDY

Rumeysa KILIÇ
Gülşen ERDEN
Cihat ÇELİK

Intolerance of uncertainty, which is defined as a strong instinct that an individual feels towards thinking, feeling and acting negatively when faced with uncertain situations, brings along the feeling of anxiety in people. As in adults, having problems in tolerating uncertainty in children brings with it many emotional problems such as anxiety. Children are also affected by the uncertainty in the environment in times of global crises such as the Pandemic, where uncertainty is revealed. Therefore, determining the level of uncertainty intolerance in children and detection is crucial. In this study, it was aimed to adapt the Intolerance of Uncertainty Scale for Children (IUSC).

The sample of the study consists of 282 children aged 7-12 ($M = 9.55$, $SD = 1.81$) and their parents ($M = 36.84$, $SD = 7.04$). The data collection tools used in the research are Uncertainty Intolerance Scale for Children-Parent Form, Uncertainty Intolerance Scale for Children-Child Form and Spence Anxiety Scale for Children-Parent Form. The Cronbach Alpha internal consistency and two half test reliability coefficients were calculated within the scope of the reliability of the IUSC. Within the scope of the validity of the scale, the relationships between the child form and parent form scores of the IUSC and the Spence Anxiety Scale for Children-Parent Form were evaluated. Again, the variables that predicted the anxiety level of the children were examined based on the data collected from the parents of the children diagnosed with Specific Learning Disability (SLD) ($n = 33$) and Intellectual Developmental Disability (IDD) ($n = 30$).

As a result of the analyzes made within the scope of validity, positive and significant correlations were found between the total score of the child form of IUSC and the sub-factors of the Spence Anxiety Scale for Children-Parent Form, separation anxiety, panic attack, social phobia, obsessive compulsive disorder and agoraphobia scores (respectively, $r = .28$, $r = .41$, $r = .44$, $r = .28$, $r = .30$; $p < .001$). Similarly, positive and significant correlations were found between the total score of the parent form of the IUSC and the scores of separation anxiety, panic attack, social phobia, obsessive compulsive disorder, and agoraphobia, which are the sub-factors of the Spence Anxiety Scale for Children-Parent Form (respectively, $r = .26$, $r = .33$, $r = .45$, $r = .31$, $r = .22$; $p < .001$). In addition, a significant positive correlation was found between the parent form and the child form of the IUSC ($r = .60$, $p < .001$). As a result of the findings, intolerance to uncertainty (SLD: $M = 89.18$, $SD = 4.28$, IDD: $M = 104.27$, $SD = 3.15$) and anxiety scores (SLD: $M = 69.33$, $SD = 2.24$, IDD: $M = 81.73$, $SD = 3.33$) of children with SLD and IDD were found to be higher than the cut-off values specified for the scales (Intolerance of uncertainty cut-off value = 52-55, anxiety scale cut-off value = 28). As a result of the hierarchical regression analysis carried out to determine the variables that predicted the anxiety levels of children with SLD and IDD, the demographic characteristics of the mother who entered the equation in the first place explained 11% of the total variance, and the demographic variables of the child who entered the second row, together with the age of the mother, explained 30% of the total variance. Intolerance to uncertainty, which was included in the equation in the last place, explained 36% of the total variance, and as a result, the total variance explained was 66%. It was determined that the strongest predictor variable in terms of beta values was intolerance to uncertainty ($Beta = .635$). As a result of the evaluations made within the scope of the reliability of the scale, the Cronbach Alpha coefficient for the child form of the IUSC was .95 and for the parent form was .96. The two half-test Spearman-Brown correlation coefficients were found to be $r = .92$ for the child and $r = .90$ for the parent form, respectively.

The results show that the parent and the child form of the IUSC provide reliable and valid results in evaluating the intolerance of uncertainty levels of children in our country. However, it is thought that testing the structure of the scale in larger clinical sample groups and examining its relations with different variables will yield useful results.

Key words: *intolerance of uncertainty, anxiety, childhood*

EXAMINATION OF SCREEN EXPOSURE, SENSED REGULATION AND EATING CHARACTERISTICS IN CHILDREN AGED 3-6

Selin **TURAN**
Tubanur Bayram **KUZGUN**
Doğukan **TERZİ**

With the rapid advancement and constant development of technology, the place occupied by technological devices in our life is rapidly increasing. In recent years, technological devices have entered the lives of not only adults, but also children, even babies aged a few months. It is known that the fact that children are introduced to and use technological devices from a very young age brings with it both medical, psychological and social problems. Especially due to the fact that most of the day is spent at home due to the pandemic, and the trainings are conducted online, the time spent by children at the beginning of the device with a screen has increased. It is estimated that screen exposure is not limited to these problems during this period when children exposed to screens in preschool start primary school and contact clinics with problems such as attention deficit, special learning disabilities, and this period leads to other medical, psychological and social problems in children (İşçibaşı, 2011; Nathanson ve ark. 2013).

The purpose of this study is to examine whether emotion regulation scores and eating characteristics differ according to screen exposure (screen viewing time and content) in children aged 3-6 years.

In the study, the convenience sampling method was used. A total of 201 parents with children aged 36-72 months living in Turkey, 52.8% of whom had girls and 48.2% of whom had boys made up the sample of the study online, made a total of 201 parents. An Information Form, Emotion Regulation Scale (DDO), Child Eating Behavior Questionnaire (CIDA) were used to evaluate child information and screen exposure.

The findings of the study has shown there was a significant correlation between the time level of the incurred screen exposure and the capability of self-regulating. As the period of the screen, exposure increases the average points that participants have taken from the self-regulation charts have shown significant differences. ($F((2-197))=4,903$ $p<0,05$). According to the post-hoc test results, which was conducted to determine the differentiation of the scores obtained from the emotion regulation scale among the subgroups, considering the screen exposure time, a statistically significant difference was found ($p< .05$) between the group experiencing 0-2 hours of screen exposure and the group experiencing more than five hours of screen exposure, in favor of the latter. The differences among the other subgroups were not found statistically significant ($p> .05$). The period in front of the screen and its effect on the eating habits of a child was resulted in; slow eating. ($\chi^2= 19,519$, $sd=2$, $p<,01$), wanting a drink alongside ($\chi^2= 9100$, $sd=2$, $p<,01$), and not having an appetite ($\chi^2= 6,367$ $sd=2$, $p<,05$) has proven that there are significant differences. The content type of kid's preference on the screen are; gaming videos ($U=4581,000$, $z=-538$, $p>0,05$), cartoons ($U=1710,000$, $z=-1,804$, $p>0,05$), educational videos ($t=.037$, $p>0,05$), Müzik/Dans ($t=-1,205$, $p>0,05$) and their effect on self-regulation haven't shown any major differences.

The hypothesis of there is a significant correlation between the screen exposure period and the ability to self-regulating was approved by the results. This situation could be explained as a reflected impression to kids from the screens they are watching are sort of controlling their way of behaving under situations as they tend to do what they have observed. It could be also assumed that staying inactive in front of the screens is preventing kids from discharging their energy which is believed to affect their behaviors afterward.

As in summary, we have found obvious differences between the situations of “not having an appetite”, “slow eating”, and “tendency to require a drink alongside” corresponding to the screen exposure period.

There weren't any significant differences between the type of content watched and its effect on the ability of self-regulation. Preschoolers spent time in front of the screen watching the content of poor quality or playing games constantly harms their impulsive controls and their ability to behave correctly, which was explained in detail in the research of Nathanson et al. It is believed that the main reason behind obtaining different results from the common literature is having highly educated parents as participants which were in our belief that they were in control of the contents which are watched by their children. It is strongly suggested to be taken under the consideration in future researches.

Keywords: screen exposure, self-regulation, eating habit.

Ümmügülsüm GÜNDOĞDU

SLEEP DISTURBANCE AND ANGER PROBLEMS IN ADOLESCENTS WHO ARE MASSIVELY MULTIPLAYER ONLINE ROLE-PLAYING GAME PLAYERS: A MEDIATING ROLE OF ANXIETY AND DEPRESSIVE SYMPTOMS

Massively Multiplayer Online Role-Playing Games (MMORPG) are very popular lately. Young people may be attracted to MMORPG because they can take on different roles, the games contain fantastic elements, and they can play with friends. In clinical observations, the increase in time spent in MMORPG may lead to an increase in sleep disturbances and have some psychological effects, such as an increase in anger control problems and depressed mood. In this study, we set out to examine both the relationship between anger problems and sleep disorders and the relationship between depressive symptoms, anxiety, and anger problems. We formed three hypotheses. The first hypothesis states that adolescents who play MMORPGs will exhibit more depressive symptoms, anxiety symptoms, sleep disturbances, and anger problems than adolescents who do not play. In our second hypothesis, sleep disturbances and anger problems are significantly related. We hypothesized that as sleep problems increase, anger problems will also increase. Similarly, anxiety and depression have a significant impact on anger problems. Our third hypothesis is the main subject of the study. Accordingly, we think that anxiety and depression directly increase anger problems and indirectly contribute to anger problems through sleep disturbances. We compared adolescents who played MMORPGs and control groups on depressive and anxiety symptoms, sleep disturbances, and anger problems to examine these three hypotheses, and examined the indirect effect of depressive and anxiety symptoms on anger problems through sleep problems using PATH analysis. Methods: This cross-sectional study includes a sample of 52 adolescents aged 14-18 years who play a multiplayer online role-playing game and registered at the child and adolescent psychiatric outpatient clinic. The control group consisted of the patient group enrolled in the pediatric outpatient clinic of who did not play MMORPG and 52 adolescents matched for gender and age. Subjects completed: The State-Trait Anger Scale (STAS), Children's Depression Inventory (CDI), Pittsburgh Sleep Quality Index

(PSQI), and the Screen for Child Anxiety Related Emotional Disorders Child Version (SCARED). Results: It was found that adolescents who played MMORPG had more psychopathologies than the control group. The variable that significantly affected external anger and trait anger scores in the linear regression analysis was the CDI score. To examine the mediating effect, the program AMOS was used. Path analysis examined direct and indirect effects. In the first model, we examined whether anxiety and depression affect the trait anger through sleep problems. The CDI and SCARED scores had a direct effect on sleep disturbance. CDI score had a positive and significant effect on trait anger symptom score. There is no direct effect of sleep disturbance on anger expression. In the second model, we found that sleep disturbance and anxiety disorder have a significant effect on internal anger. In the third model, only anxiety score was found to have a direct effect on external anger. The CDI and SCARED scores had no indirect effect on external anger, internal anger, or anger control. Conclusions: The increasing presence of MMORPGs and gamers in recent years is prompting mental health professionals to research this issue. When working with anger issues in adolescents who play MMORPGs, the presence of sleep disorders, anxiety, and depressive symptoms should not be ignored. Treating sleep problems, mood swings, and anxiety symptoms will help us achieve positive results in anger management.

Key word: *Adolescents Digital games, depression, sleep*

ATTACHMENT TRAUMA AND PSYCHOPATHOLOGICAL CONSEQUENCE

Vanya MATANOVA

Abstract: Epidemiological, clinical and neurobiological studies in recent years have shown that attachment trauma in the early years of life is associated with specific psychopathological consequences in adulthood. It has been found that dissociative processes caused by attachment trauma contribute to the genesis of various mental disorders: PTSD, BPD, dissociative, somatoform, eating, mood disorders, psychosis etc. The trauma of attachment causes mental problems within a variety of mental disorders and illnesses but sometimes remains unrecognized by clinicians, which reduces the effectiveness of therapeutic interventions. The consequences of attachment trauma can manifest themselves in many diagnostic categories complicating their clinical picture and worsening the prognosis.

INVESTIGATION OF THE INSTRUMENTAL ROLE OF POST TRAUMATIC STRESS DISORDER (PTSD) AND COVID-19 FEAR IN THE EFFECT OF CHILDHOOD TRAUMAS ON THE ATTITUDES OF CHILDREN OF 3-7 YEARS OLD

People may have experienced traumas in their past and this may affect their various behaviors in their life after being adult. An adult person forms his own family, he has his own children and they display an attitude to their children. The attitude displayed by the individuals against their own children may have affected from previous life experiences. Today, Covid-19 virus has been continuing its effects worldwide. As the virus contaminates people very fast, no one has gone out from their homes except specific exceptional cases. Families have perceived this pandemic process different. In the research conducted herein, the purpose is to find out whether the childhood traumas of the mothers who have children of 3-7 age group have affected their attitudes against their own children or not, to find out as to whether this effect relates with the mother's post stress disorder born from a current stress being experienced right now or not and to find out whether the fear of covid-19 is a factor in this situation or not. In the study, the relation between the sub dimensions of the childhood traumas and sub dimensions of the attitude of raising child are also examined.

Sample hereby consists of mothers over 20 (n=119) who have children between 3- 7. In the research Socio Demographic Information Form, following questions are asked: Childhood Mental Trauma Scale, DSM-5 Post Trauma Stress Disorder Control List (PCL-5), Covid-19 Fear Scale and Mother- Father Child Raising Scale (ABTÖ) are used. In socio demographic form, mother's age, civil status, education status, the school which the child is going to, how she was affected from the pandemic, whether any psychiatric diagnosis has been defined or not and whether any medication is available or not. In the analysis conducted on data, correlation and regression analysis among the scales the relation in their sub-variables are examined. Data are hereby analyzed by using SPSS 21 packet program.

According to the results of the analysis conducted, the ages of the volunteer attendants vary as follows %23,5 between 20-30, %63,9 between 31-40 %21,6 between 41-50 age. When the attendant mothers' civil status is examined, it is hereby seen that; %89,9 of them (n=107) are married %5,9 of them (n=7) are divorced and %4,2 of them (n=5) are bachelor.

In order to find out as to whether a meaningful relation exists between the childhood traumas and parents' attitudes, as a result of the Pearson correlation analysis; it is seen that emotional abuse level has a negative direction medium level meaningful relation ($r = -.443$, $p < .05$), but no meaningful relation exist with oppressive authoritative attitude level ($p > .05$) and no meaningful relation exists with excessive tolerated attitude ($p > .05$).

Physical level of abuse has a negative direction higher level meaningful relation with democratic attitude ($r = -.500$, $p < .05$), no meaningful relation exists with oppressive –authoritative attitude level ($p > .05$), and a meaningful relation is available with excessive tolerated level ($p > .05$).

Physical negligence level has a negative direction higher degree meaningful relation with democratic attitude level ($r = -.602, p < .05$), no meaningful relation exists with oppressive – authoritative attitude level ($p > .05$), and a positive direction weak meaningful relation exists with excessive tolerated attitude level ($r = .197, 0 < .05$).

Emotional negligence level has a negative direction medium level meaningful relation exists with democratic attitude level ($r = -.388, p < .05$), a negative direction weak meaningful relation exists with oppressive – authoritative level ($r = -.198, p < .05$) and no meaningful relation exists with excessive tolerated level ($p > .05$).

Sexual abuse level has a negative direction medium level meaningful relation with democratic attitude level ($r = -.400, p < .05$), no meaningful relation with oppressive – authoritative level ($p > .05$) and no meaningful relation exist with excessive tolerated attitude ($p > .05$).

According to the result of the regression analysis made on the total points of the DSM-5 post trauma stress disorder control list which are received from mother and total points of childhood mental trauma and total points of covid-19; along with childhood trauma and covid -19 fear variables , points of post trauma stress disorder are found to be in medium level and are explained as a meaningful ($R = .339, R Square = .115, p < .05$) childhood mental trauma and covid-19 fear explains the person's after trauma stress disorder around %11

In the study, finally; participants mostly vary between 31-40 age interval and they are married . Emotional abuse which is childhood mental trauma sub-dimension has a negative direction with democratic attitude which is the scale of parents attitude, but no relation exist with oppressive –authoritative and excessive tolerated attitude. The dimension of physical abuse only has a negative direction relation with democratic attitude which is one of the parents' attitude. Physical negligence dimension has a negative relation with democratic attitude and positive relation with excessive tolerated attitude. Emotional negligence dimension has a negative direction relation with democratic and oppressive- authoritative attitudes. Sexual abuse dimension has only a negative direction relation with democratic attitude. Mothers total points which are received from post trauma stress disorder scale are seemed to have predicted childhood mental traumas and covid 19 fears meaningfully and in medium level.

Key words: *Trauma, Covid-19, Parental Attitudes*

A FOLLOW-UP STUDY: MATERNAL CHILDHOOD NEGLECT AND POSTPARTUM EMOTIONAL DYSREGULATION PREDICTED TODDLER EMOTIONAL DYSREGULATION

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Sema EREL
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Child socio-emotional development is sensitive to maternal postpartum risk factors. Maternal childhood neglect and emotional dysregulation during postpartum constitute vulnerability factors for child emotional dysregulation in toddlerhood. In this regard, the present study aimed to examine the predictor roles of maternal childhood neglect and maternal emotional dysregulation, assessed in the postpartum period, on the child emotion dysregulation in toddlerhood.

As part of a larger project, the mother-infant dyads ($N = 56$), who participated in both 4–6 week postpartum and 4-month mother-infant interaction assessments were invited to attend the current follow-up study. Three mothers did not volunteer to take part in the follow-up assessment. Thus, the current follow-up study sample was composed of 53 Turkish mother-toddler dyads. At the time of the present follow-up study, toddlers were between 3 and 4 years old. There were 34 boys and 19 girls in the follow-up sample who were still developmentally and physically healthy since infancy. At the follow-up, maternal mean age was 33.19 ($SD = 3.57$). The majority of the mothers had a college degree (43.4%), were married (92.5%), and working (73.6%). Mothers reported their childhood neglect experiences (physical and emotional), and negative emotional dysregulation in 4–6 weeks postpartum, and their children's emotion dysregulation at the age of 3–4 year-olds. Childhood maternal neglect was measured with the Childhood Trauma Questionnaire, emotion dysregulation with Parent's Emotion Management Scale at home, and toddler emotion dysregulation with Emotion Regulation Checklist online. A hierarchical multiple regression analysis was conducted to examine the predictor roles of maternal childhood neglect and emotion dysregulation during postpartum on toddler emotion dysregulation.

The multiple hierarchical regression analysis results indicated that maternal childhood neglect, assessed in the postpartum period, accounted for significant variance in child emotional dysregulation in toddlerhood, $R^2 = .10$, $F(1, 52) = 5.950$, $p = 0.018$. Specifically, one point increase in maternal childhood neglect predicted 0.54 increase in child emotional dysregulation in toddlerhood, $B = .536$, $SE = .22$, $p < .05$, 95 % CI [.095, .977]. When the effect of maternal childhood neglect was controlled, maternal emotional dysregulation, assessed in the postpartum period, still significantly predicted child emotional dysregulation in toddlerhood with change in R^2 of .095, F change (1, 50) = 5.909, $p = 0.019$. Specifically, one point increase in maternal emotional dysregulation in postpartum predicted 0.62 increase in child emotional dysregulation in toddlerhood, $B = .624$, $SE = .26$, $p < .05$, 95 % CI [.108, 1.140]. When the maternal emotional dysregulation was entered to the model, the effect of maternal childhood neglect was a trend ($B = .436$, $p = 0.047$) although maternal childhood neglect and emotional dysregulation, both assessed in the postpartum period, explained 20% of variance in child emotional dysregulation in toddlerhood, $R^2 = .20$, $F(2, 52) = 6.216$, $p = 0.004$.

Children's emotion regulation capacity is the foundation of adaptive functioning in the long run. Thus, examining maternal factors detrimental to child emotional dysregulation is pivotal. The present study suggests maternal childhood neglect and postpartum maternal emotional dysregulation longitudinally impact child emotion regulation capacity. Our results also imply that postpartum maternal emotional dysregulation may have negative effects on toddler emotion regulation capacity beyond maternal childhood neglect experiences. Mothers who experienced difficulties regulating sadness, anger, and anxiety during postpartum were more likely to have children who experienced difficulties regulating emotions as toddlers. This finding also documents emerging intergenerational transmission of emotion regulation. Interventions on postpartum maternal emotion regulation are highlighted by our findings to facilitate toddler well-being.

Key words: *maternal trauma, maternal postpartum emotional*

FACTITIOUS DISORDER IMPOSED ON ANOTHER AND A CHILD'S MENTAL HEALTH

Zlatomira KOSTOVA

Child development can be put at risk if it is abused by another family member. In addition to the popular patterns of domestic violence described in the world literature, there are those that go beyond normative parenting. It has been proven that one of the important etiological and pathogenetic factors for the development of psychosomatic dynamics in childhood is the family. The syndrome described in the report – Factitious disorder imposed on another, also known as Munchausen by proxy, has an equivalent sign of violence in the current literature. A literature review of the scientific research related to the topic is presented. Derived for data from scientific discoveries, giving clarity about the clinical picture, etiology and pathogenesis, prognosis and therapeutic prescriptions associated with this nosology.

Key words: *childhood psychosomatics, Factitious disorder imposed on another, FDIA, Munchausen by proxy.*