#### **Hypothesis of European Research Networks**

## "Siblings and relationships between in pediatric oncohematology"

Aim: to explore sibling's representations about fundamental relationships, such as with a brother afflicted by an oncohematologic disease amd with their parents.

**Focus areas**: siblings' perceptions about themselves, about the relationship with the sick brother and with his parents during the brother's disease; parental representation about siblings developmental resources/fragilities during their brother's disease

Network representative: Sofia Burgio Contact: sofiaburgio4@gmail.com

#### "Investigating Neglect"

**Aim**: to validate a survey tool of Child Neglect, with a research template to identify risk of parental competence disregulation in parenting couples, in school contexts, health settings and welfare contexts.

Focus areas: hypostimulation/hyperstimulation; precox adulthood/disavowal; hypocure/hypercure

Network representative: Valentina Fontana, PHD

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#### "Identity development in adolescence and Social networks"

Aim: to investigate psychological and developmental consequences of the Social networks use on the developmental trajectory during adolescence

**Focus areas**: perception of corporeal and sexual identity; socialization path related to the use of Social networks; risky behaviors (eg addiction)

### "Child development and family functionning in LGBT contexts"

Aims: to explore the configuration of the developmental trend of child and his family in LGBT parenting conditions; to explore integration of LGBT families in the current society

Focus areas: perception of the parental competence in LGBT contexts; process of identity construction in the child; level of perceived social integration in LGBT couples and his effect on child path socialization

**Network representative**: Giovanna Di Natale **Contact:** dottgiovannadinatale@gmail.com

### "A Q-sort on maternal competence in preterm birth conditions"

Aim: to validate and standardize a specific Q-sort on the perception of premiees' mothers on their own parental competence

**Aree focus**: mothers' self-perception on the management of caregiving, scaffolding and coping functions with preterm infant, during the hospitalization and the post-discharge period

Network representative: Dr. Maria Teresa Miletta

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Network coordinator: Anita Como Contact: anitacomo88@gmail.com

#### **BOARD OF DIRECTORS**

PRESIDENT: Giovanna Perricone VICE PRESIDENT: Gianni Biondi ADVISER: Grazia Maria Fava Vizziello ADVISER: Milena Lo Giudice ADVISER: Momcilo Jankovic TRESAURER: Antonio Carollo SECRETARY: Concetta Polizzi

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Vassilios Fanos
Momcilo Jankovic
Maria Regina Morales
Concetta Polizzi

#### INTERNATIONAL BOARD MEMBERS

Concetta Polizzi and Anita Como

#### **INFO**

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#### Società Italiana di Psicologia Pediatrica S.I.P.Ped.



#### S.I.P.Ped. is located in 14 Italian Regions

Abruzzo Lombardia
Calabria Piemonte
Campania Puglia
Emilia Romagna Sardegna
Friuli Venezia Giulia Sicilia
Lazio Toscana
Liguria Veneto

#### Members:

psychologists, paediatricians of various specialties, neonatologists, gynecologists, child neuropsychiatrists

#### S.I.P.Ped

S.I.P.Ped, founded on May 12th, 2016 is located with own

members in 14 Italian regions. Society foundation has as

background, developing along with 54° APA Divison's suggestions, with contributions by Pediatric psychology Research Units, nowadays a team of Palermo University together with working groups from other Italian universities (Padova, Firenze, Milano) and the experiences of Pediatric psychology practices (Bambino Gesù Hospital, Roma) and of Pediatric psychology in hospital (Meyer Hospital, Firenze); a significant contribution to S.I.P.Ped.'s foundation and both developing was the experimentation by the Hospital and University Pediatric Multipurpose Inter-institutional Center (at Maternal-Infant Department of Villa Sofia-Cervello Gathered Hospitals in Palermo). The Society is member of Italian Federation of Associations and Scientific societies in Pediatric area (FIARPED) and of 54° APA Divison, and it made request to join in Scientific Societies' list of Italian Health Ministry. Recently was signed the Agreement for coordination of University Pediatric Psychological Interinstitutional Services. Mission statement is to share Pediatric Psychology as specific expertise beyond Psychology in pediatrics, identifying itself as a real own epistemology and professional practice in chronic and acute pathology conditions, developmental emergency of newborn, and medically assisted procreation conditions. Pediatric psychology expertise is defined as a Psychology of Development with evolutionary-clinic focus. This Mission statement implies training of pediatric psychologists to take in charge the Maternal-Infant Healthcare in hospital and local context; this training involves other professional figures (pediatricians of various specialties, gynecologists, child psychiatrists) working in maternal-infant area. In this sense this Mission statement is oriented to build a representative multiprofessional community of maternal-infant healthcare.

The S.I.P.Ped. intervention model is based on:

- integration physician-psychologist as possibility of holistic care of the patient who, respecting professional specialties, creates relations and connections among diagnosis hypothesis and treatment decisions;
- every patient is not a case but a pediatric/newborn condition:
- emergency perspective of developmental risk given by every pediatric/newborn condition.

S.I.P.Ped. inner organization provides for a partition in Research/Interest Unit for the triennium 2016-2019.

# The Research/Interest Unit "Epidemiological and socio-cultural changes and consequences in Pediatric Psychology"

This Unit is currently consisted of members, coming from 8 Italian regions, coordinated by Dr. Eugenia Di Grigoli, M.D. and Dr. Antonio Carollo, PHD.

Aim of the Unit is study, analysis and construction of intervention projects that can be linked to the great epidemiological and socio-cultural changes all we are recently witnesses of , looking at consequence on the community, according to the pediatric psychology perspective. In this sense, reference is made, for example, to socio-cultural changes linked to migration flows, to the development of gender identity and sexual identity in adolescence mediated by social networks, to addictions topic (technology addictions, gambling, etc.), as well as opposition to vaccines, or to new forms of family (LGBT families, single-parent families, common law couples, etc.). The aim of the Research Unit is to promote reflection about

The aim of the Research Unit is to promote reflection about what is perceived as a risk factor (beyond the current stereotypes), especially through development of research / intervention projects in collaboration with schools, and with local pediatricians, in order to promote a shared consideration on protection and risk factors.

# The Research/Interest Unit of "Pediatric Oncohematology"

This Research/Interest Unit is coordinated by Dt. Momcilo Jankovic, M.D. and by Dr. Concetta Polizzi, PHD. It is currently consisted of members coming from 5 Italian regions. The Unit is focused both on research and intervention, on siblings and the developmental value of relationship between siblings in conditions of pediatric oncohematology.

The topic is becoming increasingly object of interest on the international scene, although sector researches are poor, and mainly qualitative and results are often contradictory. Therefore, the Research Unit has launched a multicentric research on the relationship between siblings in the conditions of pediatric oncohematology and on the developmental condition of siblings in this particular condition, with also the political-social aim of the attempt to contribute to definition of care standards for the taking in charge of siblings in pediatric oncohematology.

# The Research/Interest Unit "Neglect, from individual to community: risk and protection factors"

It is coordinated by Dr. Milena Lo Giudice, M.D. and Prof. Giovanna Perricone. It intends to study the Neglect, a particular form of mistreatment based on omission behaviors, referring to a dysregulation of parental competence, and which, from the reference statistics, is very relevant (Europe: 35%, Italy: 47%, England: 44%, USA: 60% - CISMAI, ISTAT and Terre des Hommes survey, 2015). The research unit is committed in the validation of an instrument, useable by psychologists, pediatricians and professionals working in the sector.

The tool is based on some factors, referring to explanation models of the phenomenon, accredited by the sector literature: Environmental Deficit Model, Ecological-Transactional Model, Parental Deficit Model, Ecological Model. The use of the tool also requires a compilation form for survey of risk indicators. The Unit is proceeded to the validation of the instrument within a research-intervention project, involving educational contexts, especially school, healthcare settings, in particular the Pediatric Emergency Department and Pediatrics, and the context of welfare, in other words those social contexts that follow families, through specific services, in conditions of fragility.

## The Research/Interest Unit "Training Research group"

This Unit is coordinated by Prof. Gianni Biondi and by Prof. Grazia Maria Vizziello. It has been created in order to reflect upon the state of the art of Paediatric Psychology in Italy and on the needs for psychologists and paediatricians to follow an integrated approach, as well as to make suggestions and training recommendations to the wider community. Recently, a preliminary survey has been made to analyse the profile of the Italian Paediatric Psychologist; the level of Integrated practice and confidence in working in a multidisciplinary team; relationship with the paediatricians. From the survey, team strengths and weak points of the integrated practice have been identified. Some team strengths are: high levels of professionalism, emotional and organisational support; holistic approach; a new common language, etc.; among the weaknesses: not enough time for coordination; too far point of views; personal limits due to a low self-awareness; etc. Finally, frequent barriers to a multidisciplinary working have been found, among which unrealistic expectations and persistence of a defensive attitude from the medical team.