



International Association for Child and Adolescent Psychiatry and Allied Professions **IACAPAP** Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associees

January 1994

For more than five decades, IACAPAP has been a major voice internationally for children and families and the professionals who serve them. The concerns of IACAPAP have changed with the expansion of knowledge and the emergence and enlargement of professional disciplines concerned with children's mental health and the treatment of psychiatric and developmental disorders—child and adolescent psychiatry, clinical child psychology, social work, special education, psychiatric nursing, developmental pediatrics, and other related fields.

Today, all of these professions, throughout the world, are faced with new challenges.

- ◆ These challenges arise from the momentous political changes of these past years – the birth of new nations, the rapid change in political structures, the devastating wars in which children are often targeted victims and in which handicapped children are especially at risk.

- ◆ Challenges arise from new diseases which have reached epidemic proportions – such as HIV and AIDS – as well as from the continuing burdens of old diseases and practices – malnutrition, infectious illness, exploitation of children.

- ◆ The fields of child mental health are challenged by the paucity of resources of all types – for recruitment and training of professionals and for the prevention and treatment of children and adolescents with disorders that impair their functioning in every sector.

Solid epidemiological and clinical data document the tremendous burden of mental and psychiatric illness on children. Even in developed nations, up to 10% of all schoolchildren suffer from diagnosable mental disorders. The prevalence is higher among children suffering from severe psychosocial disadvantage. In countries under acute and persistent stress, and burdened by illness and inadequate medical care, the prevalence of mental and psychiatric disorders is even higher. The impact of trauma on children and families – as exemplified in

the post-traumatic stress syndromes seen in inner cities and war-torn areas—leads not only to acute symptoms but to long-term alterations in biological and emotional development. (We also need to learn more about the process of reconciliation, and about how to help children and families move towards peace after war.)

In addition to new challenges, the fields of child and adolescent psychiatry, psychology, social work and associated professions have the benefit of new knowledge. Today, professionals know more about the biological and psychosocial preconditions of normal development, the pathways into psychiatric illness, and effective methods for intervention at the community, family and individual level. Future scientific advances will help in the prediction and early treatment of some of the most devastating early onset disorders. We also know how to deliver services effectively. However, there is a vast gap between knowledge and applications. This gap is apparent in even the most developed nations among those who are economically less fortunate, and it is vividly apparent in developing nations which are unable to make ends meet for even the basics of life.

There is a growing consensus among social planners, politicians and professionals about the central importance of child and adolescent development in every aspect of national planning. The quality of a nation's economic development depends very clearly on the development and education of its youth—on their social integration within communities as effective workers, parents and citizens. Child mental health professionals have important roles in shaping social policy for the support of families and the facilitation of children's lives.

IACAPAP is committed to the promotion of the welfare of children and adolescents, particularly those who are at risk, and to the professions serving these children. There are many areas of potential activity, related to the challenges and opportunities I have just noted. As an international organization of organiza-

tions, IACAPAP has a potentially vast agenda, and a special set of responsibilities and opportunities for sharing, coordinating, convening, and advocating.

Among our concerns, at this point in IACAPAP's history, is the need to help develop child mental health professionals in newly emerging nations, such as in Eastern Europe, and in the third world. There are great opportunities for sharing knowledge, curricula, textbooks and consultation, and for exchange of professional visits, across nations. IACAPAP is also particularly aware of the need to develop and communicate new methods of intervention for children who are exposed to trauma of various types, as well as to promote scientific research and dissemination of knowledge concerning prevention, early intervention and effective treatments. A major responsibility of IACAPAP is advocacy—speaking out on behalf of children and adolescents at risk who are already suffering and on behalf of the professionals at the front lines.

The future of IACAPAP will continue to reflect the emergent challenges and opportunities of our fields. We need to find new avenues for such work and to invigorating the ongoing activities of IACAPAP, such as the international congresses, study groups, and publications. The next International Congress will provide a chance for sharing ideas about IACAPAP, as well as about the major concerns of our professions. I hope that there will be broad participation, not only from nations already involved in IACAPAP, but from newly emerging nations. In this respect I hope that members will take special efforts to contact colleagues in other nations that are not yet engaged and help find ways of promoting their participation. I would be pleased to hear from members throughout the world about their ideas for the future of IACAPAP and any ways in which this organization can help promote its ideals.

Donald J. Cohen, M.D.
President, IACAPAP

Irving B. Harris Professor of Child
Psychiatry, Psychology and Pediatrics
Child Study Center
Yale University

A CHILD AND ADOLESCENT MENTAL HEALTH JOINT TRAINING PROGRAM

As a consequence to an international meeting with East European colleagues, arranged by the IACAPAP, in Budapest in May 1992, the department of child and adolescent psychiatry in Malmö, Sweden, through Kari Schleimer (secretary-general of IACAPAP) was asked by Dr. Dainius Puras from the University Children's Mental Health Centre to come to his department in Vilnius, Lithuania, for teaching and training—not only for his staff at the Centre but also for child psychiatrists and psychologists outside Vilnius.

The result from our discussion was that today we have agreed upon a joint training program, lasting from June 1992 to June 1994 with a total of eight conferences where the group from Malmö will visit Vilnius and meet the Lithuanian colleagues there.

The function of this Malmö–Vilnius project is to establish an educational link for basic understanding of the multi-disciplinary team of child and adolescent psychiatry and its clinical work with special regard to assessment and treatment.

A brief outline shows that the items for lectures comprise special fields within psychopathology, clinical assessment and treatment, the latter with special regard to different types of psychotherapy.

Seminars will be given at each conference, where participant presentation of clinical material will be a vantage for clinical supervision and discussions.

Methods of teaching will range from traditional verbal presentations to techniques of role-play and video.

Participating from the Swedish side are two child and adolescent psychiatrists, one child psychologist, one social worker and one (male) trained nurse—the last two authorized psychotherapists as well.

Swedish funds, especially directed towards the Baltic States, will make this project go as well as funds from the University of Lund (the two universities, Lund and Vilnius, being friendship partners) and our department. Well, in Vilnius, we are regarded as guests of their Centre in all respects.

KARI SCHLEIMER, M.D., PH.D.

DEVELOPING TEACHING AND TRAINING IN CHILD AND ADOLESCENT PSYCHIATRY IN HUNGARY: AN EC TEMPUS PROJECT

The Project

Child and adolescent psychiatry was neglected in communist Hungary, when it formed part of the Eastern bloc dominated politically and economically by the USSR. Until 1989 its growth did not proceed at the same rate as in Western countries. Clinical manpower and resources had been inadequate, with almost complete lack of undergraduate teaching, postgraduate training and academic input. Research was minimal and the recruitment of high calibre staff had been poor. Of the four Hungarian undergraduate medical universities, at Budapest, Debrecen, Pécs and Szeged, only at the later had there been any academic developments. In 1990, a European Community (EC)-funded project was established linking the child and adolescent psychiatry departments in Szeged with those in Glasgow, Scotland, and Würzburg, Germany. This Joint European Project was funded by the Trans-European Mobility Scheme for University Studies (TEMPUS), established by the Commission of European Communities. This scheme is concerned with the development of higher education in Central and Eastern Europe, through cooperation with EC universities and the G24 countries. A three-year project was one of eight medical sciences projects included in the 11% of successful applications in 1990, and it remains the only psychiatric project to have been accepted. Glasgow University was the contractor, with Professor Parry-Jones as the project coordinator; Dr. Agnes Vetro is in charge of the unit of Child and Adolescent Psychiatry in the Department of Neurology and Psychiatry in Szeged; and Professor Andreas Warnke is the Head of Department of Child and Adolescent Psychiatry at the University of Würzburg, following the retirement of Professor Gerhardt Nissen, one of the initial applicants.

The general objective was the development of undergraduate and postgraduate teaching and training of child and adolescent psychiatry in Hungarian medical universities. More specifically, the project focused on the

upgrading of the teaching and training of the small academic unit at Szeged, the assumption being that progress here would generalize to other medical universities. Over three years, the overall plan has been to deal, consecutively, with undergraduate curriculum development, the improvement of postgraduate training and the introduction of continuing education programs for existing specialists. An institutional grant has provided support for joint training projects and covered staff costs, travel and subsistence for visits and meetings, language courses, the purchase of equipment and teaching materials, translation, printing and overhead expenses. Mobility grants for staff have covered teaching and training assignments, practical placements, retraining, updating and study periods and short visits. The total grant amounted to 174,000 ECU.

Major emphasis has been placed on building up the infrastructure of academic equipment and teaching materials, and substantial attention has been given to the acquisition of up-to-date English and German textbooks and journals in child and adolescent psychiatry. Intensive language courses in English and German have been set up to facilitate access to the literature and to prepare staff for placements in Glasgow and Würzburg. Collaborative training activities have formed the core of the project. Although the main movement has been from East to West, there have been two four-week teaching assignments annually to Szeged from the western centres. By the completion of the project in August 1993, ten Hungarian psychiatrists, trainees or allied professionals will have visited Glasgow or Würzburg, on placements ranging from four to 33 weeks, and seven British or German academics will have completed assignments in Szeged. In addition, annual workshops in Szeged have brought all participants together for intensive periods of academic activity. On their placements in Glasgow or Würzburg, Hungarian staff have undertaken academic projects, participated in teaching and training, attended conferences and research meetings and, if appropriate, have received training in research techniques. In each case, individual training needs and career plans have been considered carefully and the capacity to contribute to the activities of the host

department have been drawn upon as far as possible. The main input to undergraduate teaching in Szeged, by staff from the EC centres, was in the English language curriculum, a long-established feature of the medical university.

The clarification and harmonizing of reciprocal expectations of the three centres has been a recurrent critical issue, requiring regular communication between the project leaders. This reflects the fact that both before and after successful bids for funding for such international collaborative projects, the nominated coordinator needs to have detailed on-site evaluation of training requirements and of the capacity of partner centres either to benefit from participation or make appropriate response to the identified needs. Despite substantial investment in language preparation, language difficulties have continued to pose a significant problem.

Benefits for Hungary and the EC Departments

Despite transient administrative and organizational difficulties, participants agree that the project has made a substantial contribution to developments in Hungary. Opportunities for increased information and awareness and for the internationalization of practice have been available for all teaching staff in child and adolescent psychiatry in Szeged. The teaching infrastructure here has been improved substantially and the facilitation of innovative change has been striking. Enhanced specialty status of child and adolescent psychiatry has been associated with increased undergraduate teaching time and curriculum development. Despite intensive efforts by the project coordinator, however, only limited progress has been made in establishing adequate recognition of child and adolescent psychiatry in the priorities of the medical universities other than Szeged, and it remains unclear how far any lasting institutional changes have been achieved.

A major TEMPUS initiative in the final year has been the preparation of the first textbook in child and adolescent psychiatry in Hungarian, an approach which is believed to have greater merit than the translation of existing Western texts. This has involved the active collaboration of personnel who had limited or no previous

experience of academic writing. But these activities have enhanced the sense of corporate identity of child and adolescent psychiatrists working in different parts of the country and have provided a real opportunity for updating and continuing education. Finally, as research funds begin to be made available in Hungary, it is encouraging that applications from child and adolescent psychiatry are being successful.

There are no financial advantages attached to TEMPUS projects for EC departments or universities, but there have been some direct and indirect benefits. At a time of rapid political and economic restructuring in Central and Eastern Europe, it has been a rewarding and challenging experience to contribute actively to the advancement of child and adolescent psychiatry in one of these countries. It has been a rare experience to participate in a funded project concerned with developing teaching and training in child and adolescent psychiatry, since grant income usually flows into research, leaving teaching and training to compete with the demands of clinical work.

The expansion of international professional contacts and the broadening of academic horizons have contributed positively to staff development in both EC departments. A number of innovative projects have been generated, including for example, a survey of child and adolescent psychiatry teaching in medical schools throughout Western, Central and Eastern Europe. Although research is not funded by TEMPUS, the new international links have laid the foundations for long-term scientific research collaboration. Finally the enhanced international profile of the EC departments is likely to attract staff and students to these locations and to the specialty.

Conclusions

The next few years will be marked by growing pressures from Central and Eastern Europe for material and professional support to restructure training and clinical services and to assure continuing collaboration

Although most TEMPUS projects larger, the small scale of this project has facilitated the development of close personal contacts. There have been numerous requests from other centres to join the project, together with

frequent enquiries from Central and Eastern European psychiatrists about establishing contact with Western colleagues. East-West networks of child and adolescent psychiatry have been slow to develop and there is an urgent need to improve the exchange of information about the individuals and clinical or academic centres with a declared interest in cooperative training or research.

Developing such activities calls for concerted action in the promotion of academic links and new funding programs by national professional bodies, European associations and international organizations, including IACAPAP and the WHO. For existing specialists and trainee psychiatrists in the former Eastern bloc countries, the overriding necessity is for opportunities to be provided in Western European centres to experience different theoretical models and advanced clinical practice and to be able to observe and participate in comprehensive teaching and training programs.

While the scientific basis of training, clinical practice and research has much in common across international boundaries, it is essential to acknowledge and encourage adaptation to local and national cultural standards and needs. At present, Western centres enjoy the advantage of greater academic and material resources but, nevertheless, the emphasis in all collaborative schemes should rest on partnership and on the quest for reciprocal benefits.

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History of The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP)

Gerald Caplan, M.D., Reimer Jensen, fil.dr.h.c., and Serge Lebovici, M.D.

The Foundation of the Association

Pioneers in European Child Psychiatry as Dr. Georges Heuyer of France, Dr. M. Tramer of Switzerland, Professor H. Stutte of Germany, Professor Carlos de Sanctis of Italy, Dr. Nic. Waal of Norway and Dr. Emanuel Miller of England, formed in 1935, a group which worked for establishing and expanding contact between psychiatrists working in the field of child psychiatry. The International Association of Child and Adolescent Psychiatry and Allied Professions emerged from this initiative.

The first International Conference on Child Psychiatry was held in Paris in 1937 in association with the Mental Hygiene Conference. It was organized by Dr. Georges Heuyer who was the president of the Paris Conference. At a business meeting during the conference, The International Committee for Child Psychiatry (Le Comité International de Psychiatrie Infantile) was founded for the purpose of linking together those interested in child psychiatry in various countries, and for organizing further international conferences. Professor Schroeder of Germany (Leipzig) was elected President, Dr. Heuyer was elected Vice President, Dr. M. Tramer Secretary-General, Dr. Leon Michaux of France Assistant Secretary-General, and Dr. H. Brantmay of Switzerland Treasurer.

The second conference was planned to be held in Leipzig in 1941, but Dr. Schroeder died and the Second World War made it impossible to arrange any international meetings for a while. In September 1945 the officers of the International Committee for Child Psychiatry met in Zürich and it was decided to hold the second conference in London with Dr. J. R. Rees as President. Dr. Gerald Caplan of England (London) became Secretary General succeeding Dr. Tramer, who was elected a Vice President.

No list of child psychiatrists in various countries existed at that time, and it was quite a difficult job to trace people in the field and organize the conference. It was held in London 11-14 August 1948, together with the

International Conference on Mental Health. Dr. J. R. Rees was the President of all three conferences.

An ad hoc committee was set up in order to discuss the program for the Child Psychiatry meeting. This committee included Dr. John Bowlby, Dr. M. Fordham, Ms. Anna Freud, Dr. Emanuel Miller, Dr. Kenneth Soddy and Dr. D. W. Winnicott. Together with colleagues from the continent, they set up the program which concentrated on aggression.

Much discussion took place on the topic of eligibility for membership of the conference. It was "decided to open the membership widely so as to include registered medical practitioners with psychiatric qualifications or training, non-medical people technically qualified to work in child guidance clinics and institutions, or who were engaged in the psychiatrist treatment of children, e.g., educational and clinical psychologists, child analysts and psychotherapists and psychiatric social workers. It was decided to admit others with relevant experience, subject to acceptance by the credentials committee." (Proceedings of the conference 1948.)

The interdisciplinary characteristic of the Association was already stressed then even if it took some years officially to include the allied professions in the name of the Association. Much controversy on the subject was stirred up from time to time.

At a business meeting held during the conference, "The International Association for Child Psychiatry" was founded by the following representatives from thirty countries:

Austria

Dr. Hans Asperger

Belgium

Dr. Marcel Alexander
Dr. Jeanne Jadot Decroly
Dr. Rene Dellaert

Chile

Dr. Carlos Nasser

China

Dr. Leslie Y. Ch'eng

Czechoslovakia

Professor Jaroslav Stuchlik

Denmark

Dr. Otto Jacobsen
Dr. Karen Simonsen
Dr. Georg K. Sturup

Egypt

Dr. Benjamin Behman

Eire

Dr. Mary Andrews
Dr. John Dunne
Dr. Mary Sullivan

Finland

Dr. Sven Donner
Dr. Kaisa Leppo
Dr. Niilo Maki

France

Dr. Georges Heuyer
Dr. Leon Michaux
(Asst. Secretary General)
Dr. Jenny Roudinesco

Great Britain

Dr. Gerald Caplan
(Secretary General)
Professor D. R. MacCalman
Dr. Emanuel Miller

Greece

Professor D. Kouzetar

Holland

Dr. A. Mayknecht
Dr. H. Rümke
Dr. Nelly Tibon

Hong Kong

Dr. G. Graham-Campbell

India

Dr. K. A. I. Lalaya

Italy

Professor Carlo de Sanctis

Luxemburg

Dr. Armande Punt-Kaer

Morocco

Dr. Antoine Piers

Norway

Dr. H. H. Dedichen

Poland

Professor S. Balet
Dr. K. Dabrowski

Portugal

Professor Vitor Fontes

Puerto Rico

Dr. R. Fernandez Marina

South Africa

Dr. Max Feldman
Dr. I. Katz
Dr. David Murray

Sweden

Dr. Torsten Ramer

Switzerland

Dr. Lucien Bovet
Dr. Henri Bersot
Dr. Andre Repond

Syria

Dr. S. Hamzy

Turkey

Professor F. K. Gökay

United States of America

Dr. Frederick H. Allen
Dr. Abraham Z. Barhash

Uruguay

Dr. Julio Cesar Estrella

Venezuela

Dr. Mateo Alonso

Dr. Hernan Quijada

Dr. Guillermo Teruel

Dr. Frederick H. Allen of the U.S.A. became the first President and Dr. Abraham Z. Barhas of the U.S.A. Secretary General.

Congresses of the Association after 1948

The third congress was to be held in the U.S. in 1952; however, it was postponed until 1954 and held in Toronto, Canada.

The Secretary General had died and was replaced by Dr. Gerald Caplan who took over responsibility for the arrangement of the congress. The theme was, "Emotional Problems of Early Childhood."

Among 57 papers submitted for presentation, some were selected to cover the following topics:

Psychosis of Early Childhood.

Problems of Preventive Psychiatry.

The Relation of Physical and Emotional Factors.

Problems of Mother-Child

Separation and Hospitalization.

Already on that occasion a certain format was created for the arrangement of the conference which has been characteristic of later congresses held by the Association.

The multidisciplinary approach was kept and the themes of each congress prepared by International Preparatory Commissions of Study Groups. Presentations and discussions in these groups have been published before each congress to inform the participants beforehand about crucial problems to be dealt with at the meetings and hopefully to heighten the level of discussions at the meetings as well as to increase the interest in working with the topics during the congress as well as after. It was intended to activate as many members as possible. Evaluations of the congresses proved that it was possible to arrange the meeting so that an unusually great number of participants could be active in some way in the presentations, discussions and group meetings.

At the General Assembly held during the congress in Toronto in 1954, Dr. Jenny Roudinesco-Aubry of France

was elected President, Mrs. Kirsten Vedel Rasmussen of Denmark, Secretary General, and Dr. Gerald Caplan of the U.S.A. Treasurer.

The congress in 1958 was held in Lisbon, Portugal. Dr. Aubry had resigned for personal reasons and was replaced by Professor Victor Fontes of Portugal. He was succeeded by Dr. Arn van Krevelen of Holland.

The congress in 1962 was held in Scheveningen in Holland with the main theme: Prevention of Mental Disorders in Children. On that occasion Dr. Gerald Caplan introduced another idea which was very successful and repeated at later congresses: main speakers and chairpersons of symposia formed a group at the last plenary session where questions raised during the meetings could be discussed in a large group. In these summation panels, the highlights of the congress were stressed and new perspectives indicated.

At the 1966 congress in Edinburgh, Scotland, Dr. John Bowlby of England was President. The theme was adolescence. Dr. Serge Lebovici of France became President and Dr. D. J. Duché of France Secretary General. At the assembly, the by-laws were discussed and the newly elected Executive was asked to present a revision of the by-laws at the following congress in order to extend the possibilities for membership to other professional groups, for instance, educators working in the field.

According to this decision, a new constitution was presented and passed at the general assembly held during the congress in Jerusalem in 1970. The theme was: The child in his family. Of special interest was the presentations of research in relation to the rearing of children in kibbutzim. Dr. James Anthony of the U.S.A. was elected President and Dr. Albert J. Solnit Secretary General. On that occasion, Dr. Gerald Caplan resigned as an officer of the Association after having served for 25 years, most of the time as Treasurer. Dr. Caplan had worked for the Association from its start and put in a strong effort to develop it to an international and multidisciplinary association of high standards. He had established contact with important foundations, especially the Grant Foundation and the Field Foundation during a period of 16 years which made it possible for International Study Groups to

meet between the international congresses, to prepare the programs for these meetings, to publish reports that inaugurated the themes of coming congresses and to meet with experts in the field at different areas of the world.

As an acknowledgement of Dr. Caplan's hard work for the Association and his very competent contribution to the development of the Association and its professional standards, the Grant Foundation offered money to make it possible to invite an outstanding expert within the field to lecture during the first part of future congresses. Dr. Caplan was elected Honorary President of the Association and since then, The Gerald Caplan lecture has been held at each of the international congresses, usually by the retiring President of the Association.

The theme in 1974 in Philadelphia was: Children at Risk. Dr. Albert J. Solnit was elected President and Peter Neubauer of the U.S.A. Secretary General. It was decided to accept an invitation from Australia to hold the next congress in Melbourne. Dr. Winston Rickards was Treasurer.

In spite of the distance, quite a few people from Europe and the U.S. came to Melbourne in 1978, but not unexpectedly, most members came from Australia, New Zealand and the Far East.

What had been tried on a smaller scale before was more widely organized in relation to this congress. Although the International Study Group worked on the theme of the congress beforehand, regional study groups suggested by Dr. Peter Neubauer also stimulated research within the field, arranged meetings and prepared presentations. Before the official opening, a day was used for a meeting and discussion by the groups. Especially in Australia and New Zealand, multidisciplinary groups had been very active and worked with great success as was demonstrated by the many papers presented.

Apparently it was not possible to repeat this success with regional study groups. Only a few were active during the following years and their work was incorporated in the program of the next international congress held in Dublin, Ireland in 1982 under the presidency of Dr. L. Hersov of England with Richard Lansdown of England as Secretary General.

The organizing and programming committees succeeded in activating a great number of the participants in panel and group discussions, and workshops. In this was, the tradition which had been created at earlier meetings was continued. The theme of the congress: "Children in Turmoil—Tomorrow's Parents," made it possible to explore many areas in the vast field where child and adolescent psychiatrists and colleagues from the allied professions struggle to prevent problems in one generation being carried over to succeeding generations. At the General Assembly, Dr. Colette Chiland of France was elected President and Dr. Philippe Jeammet of France Secretary General.

The Congress in 1986 was held in Paris, France. The theme was "New Approaches to Infant, Child, Adolescent and Family Mental Health." The Congress was remarkable for the range of topics, the depth of discussion, and the remarkable organization that considered the full developmental range and broad scope of research and interventions. Volume 9 of the IACAPAP series *The Child in the Family* (Yale Press, 1992) was based on the Congress.

In preparation for the 12th International Congress in Japan, a study group met the year before in Tokyo and then in several other cities in Japan. A series of discussions and symposia were held on major themes, including school refusal (the topic of a book in the IACAPAP series, published by Yale Press in 1990). The Congress was held in Kyoto, a uniquely beautiful and ancient city. The Congress continued the tradition of broad coverage of clinical approaches, research and advocacy, and was especially noteworthy for the exceptional hospitality and involvement of the Japanese hosts.

Dr. Irving Philips, University of California, San Francisco, presided. Under his leadership, a special study group was held in Budapest, Hungary, in 1992; plans for the 13th Congress were initiated. Dr. Philips died tragically in 1992 and the presidency was assumed by Dr. Donald Cohen (Yale University, USA), a vice president. The 13th Congress will be held in San Francisco in July 1994, with the major theme of violence and the vulnerable child. This Congress will provide an opportunity for in-depth discussion of the impact of various types of trauma

and violence on children, as well as the broader field of research, clinical care, and advocacy for children and adolescents. Many of the international organizations concerned with children and adolescents will offer symposia and research sessions, highlighting the role of IACAPAP as an international umbrella organization for national organizations concerned with infants, children and adolescents, and their families.

International Study Groups

Before the congress in Toronto in 1954, Dr. Gerald Caplan succeeded in setting up an International Preparatory Commission with the following members:

Frederick H. Allen, psychiatrist,
Philadelphia
Gerald Caplan, psychiatrist, Boston
Myriam David, psychiatrist, Paris
Bodil Farup, clinical psychologist,
Copenhagen
Carl Haffter, psychiatrist, Basel
Ruth Hasle, psychiatric social worker,
Copenhagen
Elizabeth R. Irvine, psychiatric social
worker, London
William S. Langford, pediatrician and
psychiatrist, New York
Marian C. Putnam, psychiatrist,
Boston
Torsten Ramer, psychiatrist,
Stockholm
Theodore Hart de Ruyter,
psychiatrist, Groningen
Guy Tardiev, neurologist, Boston

The Commission met in Copenhagen in March 1954 with Donald Buckle, psychiatrist from World Health Organization as observer and with Kirsten Vedel Rasmussen, clinical psychologist, and Birthe Kyng, clinical psychologist as representatives from the Danish Association for Child Psychiatry and Clinical Child Psychology.

Clinical case material and papers received for presentation at the congress in Toronto were discussed, selected and organized. The activities of the Preparatory Commission were guided by the dual purpose of organizing the program for the international congress and preparing a book on the topic. Both goals were accomplished. The congress gave a picture of what had attracted the interest of profes-

sional people in the field at that time and pointed at perspectives to be worked toward in the future.

No commission was set up to prepare the congress in Portugal in 1958, but the idea of utilizing an international preparatory commission to prepare the plenary sessions was reinstated in planning the fourth international congress in Holland in 1962. This Second International Preparatory Commission consisted of the Executive Committee of the Association and invited experts from the areas which were going to be in focus during the coming congress and in publications resulting from it. The Second Commission met in the Hague, Holland in 1959; in Cambridge, U.S.A. in 1960; and immediately prior to the congress in Scheveninger in August 1982.

Preparatory commissions set up in similar ways and working along the same lines participated in preparing the congresses in Edinburgh in 1966 and Jerusalem in 1970. Grants from foundations, especially the Grant Foundation, made it possible for the preparatory commissions to meet between the international congresses and to include many people from different parts of the world and from different disciplines. Child psychiatry and its allied professions were thus able to cooperate with the purpose of extending our understanding of children growing up under different and often threatening circumstances that threatened or impaired their development in many ways.

New international groups met in Zürich in 1971 and in Bled, Yugoslavia, in 1972, and in Senegal in 1973 to prepare the congress in Philadelphia in 1974.

The congress in Melbourne, Australia in 1978 was preceded by meetings of study groups in Israel (1976), in India (1977), and before the congress in Dublin 1982 international study groups met in Sweden (1980) and in Nigeria (1981).

In May 1992, IACAPAP convened a study group in Budapest of leading child and adolescent psychiatrists from the newly liberated East European countries and senior colleagues from Europe, Asia, and the United States. The study group was part of the important process of developing new lines of communication and bringing Eastern European colleagues and their national societies into the work of IACAPAP.

Publications

The International Congress on Mental Health in London 1948, included three separate congresses whose reports were published in four volumes.

Volume two is "Proceedings of the International Conference on Child Psychiatry, August 11-14, (London, H. K. Lewis & Co., Ltd. and New York Columbia University Press). The report covers the following topics:

Aggression in Relation to Emotional Development, Normal and Pathological.

Aggression in Relation to Family Life.

Psychiatric Problems in the Educational Sphere.

The Community and the Aggressive Child.

"Emotional Problems of Early Childhood," edited by Gerald Caplan (New York 1985, Basic Books) is based on the proceedings of the congress in Toronto 1954. It included clinical material presented and research reports in relation to the following topics:

Preventive Aspects of Child Psychiatry.

The Relation of Physical and Emotional Factors and Problems of Hospitalization.

Problems of Psychosis in Early Childhood.

"Prevention of Mental Disorders in Children," edited by Gerald Caplan (New York 1961, Basic Books) is based on discussions by members of the conference in Cambridge, USA, in 1960, preparing the Fourth International Congress of the Association, Holland, 1962. The book has been widely used as a textbook.

The proceedings of the congress itself were edited and published by Dr. D. Arn. van Krevelen in traditional format as "Child Psychiatry and Prevention" (Bern 1964, Verlag Hans Huber).

Before the congress in Edinburgh, the book "Psychiatric Approaches to Adolescents," was published in English and French, edited by Gerald Caplan and Serge Lebovici (International Congress Series Nr 108. Excerpta Medica Foundation).

A post-congress book: *Adolescence: Psychological Perspectives*, edited by the same authors as the pre-congress book, was published in 1969, Basic Books, NY.

After the Edinburgh congress, it was considered publishing a yearbook for the Association. This resulted in one pre- and one post-congress volume in relation to the international congresses of the Association.

The first in the series was published prior to the congress in Jerusalem 1970, and with the title of the whole congress, "The Child in His Family." This title has been kept since and up to 1984, seven volumes appeared (Publisher Wiley-Interscience, John Wiley and Sons, New York, London, Sydney, Toronto. French translations published by Masson and Press, Universitaire de France). Dr. James E. Anthony of St. Louis, USA, and Dr. Cyrille Koupernik of Paris edited the first volumes. Later volumes were edited by Dr. James E. Anthony and Dr. Colette Chiland, Paris.

The Purpose of the Association

In the By-Laws of "The International Association for Child Psychiatry," as it was named in 1948, the purpose of the Association was mentioned in Article II as:

"To promote child psychiatry both in practice and in research." This article was revised and the purpose clarified:

"To promote child psychiatry both in practice and in research through effective collaboration with allied professions in psychology, social work, pediatric public health, nursing, education and other relevant professions."

This change of the article indicating the purpose of the Association reflects the acceptance of the allied professions as qualified for membership in the Association.

The purpose was clarified further in the Constitution as it was passed by the General Assembly held during the International Congress of the Association in Jerusalem 1970.

The 11th International Congress held in July 1986 in Paris resulted in a major book edited by Colette Chiland and I. Gerald Young (New York University, USA): *New Approaches to Mental Health from Birth to Adolescence* (Yale Press, 1992). In preparation for the 12th Congress, Drs. Chiland and Young published a book on a major theme of the Kyoto meeting: *Why Children Reject School: Views from Seven Countries* (Yale Press, 1990).

Article II now reads:

"Purpose. To promote the study, treatment, care and deficiencies of children, adolescents and their families in practice and in research through effective collaboration among child psychiatrists and allied professions of psychology, social work, pediatrics, public health, nursing, education, social sciences and other relevant professions."

Apparently, it was intended to include any professional group whose members were engaged in the study, treatment, care or research of children as well as their families when they were in trouble or were threatened in some way or another.

Membership

The Association was founded by psychiatrists and initially membership was open to members of the medical professions working with children and adolescents. However, before the 1948 congress, after much discussion, it was decided to open the meetings to non-medical professional technically qualified to work in child guidance clinics.

Membership of the International Association for Child Psychiatry was composed of associations, committees or other groups who were concerned with the study, treatment and care of mental and emotional problems of children. It was decided that each country should be free to determine which professions should be included in its own membership.

In this way it was indicted that the Association was not just for psychiatrists. Associations of child psychiatrists as well as associations which included the allied professions as members, became component members of the International Association. Moreover it was possible for individual child psychiatrists as well as individual members of the allied professions to become associate members with the right to be informed about and share in the activities of the International Association. They were not given the right to vote at the General Assembly or to propose officers but they do have the right to become members of the executive committee.

All professional people, even from countries with no organization with the status of component society of the International Association are eligible to apply for associate membership.

In consequence of the actual situation, the International Association was

named the International Association for Child Psychiatry and Allied Professions.

However, much controversy seemed to have been stirred up on the subject in different member organizations – some wanting to restrict membership to child psychiatrists and to open up for non-medical professions only as guests while others wanted a broader group of professional people working within the field as members.

The 1962 congress in Holland was announced as the Fifth International Congress of Child Psychiatry under the auspices of the International Association for Child Psychiatrists and Allied Professions. A proposal at the General Assembly to name the association as it was originally was turned down and since then the allied professions have been officially accepted in the name of the association as well as in its by-laws and its work.

When a new constitution was passed at the assembly held during the congress in 1970 in Jerusalem, it was clearly stated that membership of the International should be open to national organizations whose members are child psychiatrists or are child psychologists and members of allied professions. The member organizations should be nationwide and encompass the whole range of people working with mental and emotional disorders and deficiencies of childhood and adolescence and include all methods of study, treatment, care and prevention of these disorders.

More than one organization from one particular country can be considered for membership of the International Association if the country does not in this way exceed 15% of all members with a voting right at the assembly. Besides component societies, other societies, national or international, can become affiliated members with no voting rights. It is still possible for any individual person working professionally in the field to become an associate member of the International Association.

During the congress in Australia in 1978, it was decided to change the name of the association so that it officially included adolescents. No component society objected to its new name: The International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP).

At the time of the Dublin congress in 1982, the International Association had 33 full member organizations, seven affiliated organizations, and 132 associate members.

It has been possible with the efforts of many people working together since the very beginning in 1935 to establish an organization working across borders between countries and professional groups, and to put its imprint on the activities of its

study groups and international congresses with thousands of participants. In this way the Association has produced many unique publications, has stimulated research internationally and has functioned as an international platform to promote and support communication and development of collaboration and friendship of all the disciplines concerned with the mental health of infants, children and adolescents throughout the world.

IN MEMORY OF MAHFOUD BOUCEBCI, M.D. VICE PRESIDENT, IACAPAP

Dr. Mahfoud Boucebcı was assassinated on June 15, 1993, as he arrived at his clinic in Algeria. The entire international scientific community, and especially the child and adolescent psychiatric community, is shocked by this senseless death.

Mahfoud Boucebcı had a very special place in the world of child and adolescent psychiatry. Informed by the most current theories and practices, he was especially committed to pragmatically adapting his knowledge to serve the needs of the population of poor, under-served children and adolescents to whom he was deeply attached.

Mahfoud believed in the universality of science, in the basic needs of children and adults. But he also understood the need to adapt his knowledge to the constraints and specific demands of a developing country with a very large population of young people. He was remarkably competent scientifically, deeply rooted in the culture of his country, and personally dignified and sophisticated. These qualities allowed him to develop a rich, transcultural approach and understanding, as well as a practical sense of how to apply the most sensitive thinking to the needs of children.

The international recognition of his achievements led his peers to propose him for offices in the main international organizations concerned with his profession. He was the vice president of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP) and a member of the council of delegates of the International Society of Adolescent Psychiatry. He accepted these offices because of the insistence of his colleagues and his belief that participation in international organizations would help him be listened to and defend the interests of those he was taking care of.

Colleagues who were fortunate enough to meet and work with him and his remarkable collaborators know how much this man was engaged in action to ameliorate the conditions in his country. This engagement came first, before cautiousness and personal career. One could always count on him to be honest – he would not conceal embarrassing truths.

Mahfoud knew how much silence in relation to traumatic realities can be a brutal accomplice in burdening the destiny of young children. His commitments were made with contagious enthusiasm. For him, science was in the service of the heart: he was generous, warm, and able to establish communication among people and cultures. For him, openness and generosity were the natural extensions of his pride of being a son of his country, deeply rooted in his culture. He was suffused with Islam and his values naturally imbued his work and thinking.

We have lost more than a colleague. With his death, the world of child and adolescent psychiatry has lost a leader, and we have lost a close friend. The children and youth of Algeria have lost an authentic and genuine defender. He will stay forever in our memory.

The International Association for Child and Adolescent Psychiatry and Allied Professions and the entire community of mental health professionals wishes to share with his wife and children the expression of our deep sadness.

(Translated and adapted from the original French version.)

PROCLAMATION: MAY 14, 1992
ASSURING THE MENTAL HEALTH
OF CHILDREN

The International Association for Child and Adolescent Psychiatry and Allied Professions affirms the right of every child to achieve his full physical, emotional and educational potential, consistent with the United Nations Convention of the Rights of the Child and the World Health Organization Recommendation (Paper #623), 1977) that all countries should have a National Plan for Child Mental Health. The goal of all health care is to prevent disorders that interfere with healthy growth and development. It is the right of all children to receive appropriate care and treatment. The goals of optimal development, care and quality of life for all children are achieved when all sectors of society work together with families for the best for their children.

The International Association for Child and Adolescent Psychiatry and Allied Professions affirms the following rights for children and adolescents:

1. Children should be protected by suitable prevention measures, a supportive family, preventive health care and educational opportunity.
2. Children with emotional, mental and developmental difficulties should receive early and accurate evaluation and diagnosis. Social, emotional and biological factors influence children's development and may need to be considered in an evaluation of the child and his family.
3. Children and their families should have the opportunity to benefit from the full range of modern treatment and care appropriate to their individual needs. All interventions should be provided by trained and experienced clinicians and other professionals.
4. Children with persistent chronic conditions should be provided treatment and care with the goal of maintaining them within their families and communities. When care outside the family is required, children should have the right to live in environments which provide them with continuity of care, affection and concern, normally

(Please turn to page 10)

PROCLAMATION: 14 MAI 1992
ASSURER LA SANTÉ MENTALE
DES ENFANTS

L'Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées affirme le droit de tout enfant de réaliser tout son potentiel physique, affectif et éducatif, en accord avec la Convention Internationale des Droits de l'Enfant et la recommandation de l'Organisation Mondiale de la Santé (texte #623, 1977) que toutes les nations aient un Plan national pour la santé mentale de l'enfant. Le but de tous les soins de santé est de prévenir les troubles qui interfèrent avec une croissance et un développement sains. C'est le droit de tous les enfants de recevoir des soins et un traitement appropriés. Les buts de développement optimal, de soins et de qualité de la vie pour tous les enfants sont atteints quand tous les secteurs de la société travaillent avec les familles pour assurer le meilleur à leurs enfants.

L'Association Internationale de Psychiatrie de l'Enfant et de l'Adolescent et des Professions Associées affirme les droits suivants pour les enfants et les adolescents:

1. Les enfants doivent être protégés par des mesures de prévention convenables, une famille qui les soutienne, des soins de santé préventifs et la possibilité de s'instruire.
2. Les enfants ayant des difficultés affectives, mentales et développementales doivent faire l'objet d'une évaluation et d'un diagnostic précoces et précis. Des facteurs sociaux, affectifs et biologiques influencent le développement des enfants et il peut être nécessaire de les prendre en considération dans toute évaluation de l'enfant et de sa famille.
3. Les enfants et leur famille doivent avoir la possibilité de bénéficier de toute la gamme des traitements modernes et des soins appropriés à leurs besoins individuels. Toutes les interventions doivent être faites par des cliniciens et d'autres professionnels formés et expérimentés.
4. On doit procurer à tous les enfants souffrant d'états pathologiques chroniques persistants un traitement et des soins avec le but de les maintenir dans leur famille et leur communauté. Quand de soins à l'extérieur de la famille sont nécessaires, les enfants doivent avoir le droit de vivre dans un environnement

(SVP tournez à page 10)

RESOLUTION: 14 MAI 1992
ZUR SICHERUNG DER SEELISCHEN
GESUNDHEIT VON KINDERN

Die International Association for Child and Adolescent Psychiatry and Allied Professions erklärt, dass jedes Kind ein Recht hat auf die volle Ausschöpfung seiner physischen und emotionalen sowie bildungsmässigen Möglichkeiten, entsprechend der UNO-Kinder-Rechtskonvention und den Empfehlungen der WHO (Paper no. 623, 1977), wonach jedes Land einen nationalen Plan für die seelische Gesundheit von Kindern haben sollte.

Es ist das Ziel jeder Gesundheitspolitik, Störungen zu verhindern, die ein gesundes Wachstum und eine gesunde Entwicklung beeinträchtigen würden. Es ist das Recht eines jeden Kindes, eine angemessene Versorgung und Behandlung zu erhalten. Die Ziele einer optimalen Entwicklung, Versorgung und Lebensqualität für alle Kinder sind erreicht, wenn alle gesellschaftlichen Bereiche mit den Familien zum Wohle ihrer Kinder zusammenarbeiten.

Die International Association for Child and Adolescent Psychiatry and Allied Professions unterstreicht die nachfolgend angeführten Rechte für Kinder und Jugendliche:

1. Kinder sollen Schutz geniessen durch angemessene Vorsorgemassnahmen, eine stützende Familie, vorbeugende Gesundheitspflege sowie Erziehungs- und Bildungsmöglichkeiten;
2. Kinder mit emotionalen, seelischen und Entwicklungsproblemen sollen frühzeitig und mit dem Ziel einer klaren Diagnose untersucht werden. Soziale, emotionale und biologische Faktoren beeinflussen die Entwicklung von Kindern und müssen gegebenenfalls bei jeder Beurteilung des Kindes und seiner Familie mit berücksichtigt werden.
3. Kinder und ihre Familien sollen die Möglichkeit haben, von dem ganzen Spektrum moderner Behandlungs- und Versorgungsmöglichkeiten zu profitieren, die ihren individuellen Bedürfnissen angemessen sind. Alle Interventionen sollen von ausgebildeten und erfahrenen Ärzten und anderen Fachleuten vorgenommen werden.
4. Kinder mit persistierenden chronischen Erkrankungen sollen so behandelt und verbleiben können. Wenn eine Versorgung ausserhalb der Familie erforderlich ist, sollen die Kinder das Recht haben, in einer

(Bitte, schauen sie auf Seite 10)

provided by the family. Such treatment should be as close to home as possible in the least restrictive environment with the highest quality clinical treatment.

5. To achieve these goals, a national and community need professionals who are committed to planning for the needs of children and adolescents, creating and delivering services for children with mental, behavioral and developmental disorders.

Therefore:

The International Association for Child and Adolescent Psychiatry and Allied Professions recommends that each nation implement a plan for the recognition and support of the discipline of child and adolescent psychiatry, clinical psychology and allied professions concerned with the mental development of children. A national plan must assure:

- a) a high-level postgraduate training in child and adolescent psychiatry and clinical child psychology and allied professions;
- b) that medical education is attentive to the mental health needs of children and their families and included in the curriculum of undergraduate and graduate training;
- c) a sufficient number of professionals who are available for prevention, early intervention and treatment;
- d) appropriate resources in the community for all children;
- e) adequate and accessible facilities for treatment and care.

To implement a national plan for children and adolescents, it is essential for a nation to have academic departments and divisions of child and adolescent psychiatry committed to the highest quality care and the advancement of knowledge through research.

The profession of child and adolescent psychiatry will help assure the availability of unique, multifaceted knowledge and care, which a community should provide for its children.

Irving Philips, M.D.
President

Kari Schleimer, M.D.
Secretary-General

qui leur procure, avec la continuité des soins, l'affection et la sollicitude procurées dans la famille. Un tel traitement doit être aussi proche que possible de la famille dans l'environnement le moins restrictif avec la plus haute qualité de traitement clinique.

5. Pour réaliser ces buts une nation et une communauté ont besoin de professionnels qui se consacrent, pour les besoins des enfants et des adolescents, à planifier, créer et mettre en oeuvre des services pour les enfants ayant des troubles mentaux, comportementaux et développementaux.

C'est pourquoi l'Association Internationale de l'Enfant et de l'Adolescent et des Professions Associées recommande que chaque nation développe un plan pour la reconnaissance et le soutien des disciplines (psychiatrie de l'enfant et de l'adolescent, psychologie clinique et professions associées) qui sont concernées par le développement des enfants. Un plan national doit assurer:

- a) un haut niveau de formation universitaire spécialisée en psychiatrie de l'enfant et de l'adolescent et dans les professions associées;
- b) une éducation médicale qui soit attentive aux besoins de santé mentale des enfants et de leur famille et qui soit inclus dans le programme des études de premier et de second cycles universitaires;
- c) un nombre suffisant de professionnels disponibles pour la prévention, les interventions précoces et le traitement;
- d) des ressources appropriées dans la communauté pour tous les enfants;
- e) des équipements adéquats et accessibles pour le traitement et les soins.

Pour développer un plan national pour les enfants et les adolescents, il est essentiel pour une nation d'avoir des départements et services de psychiatrie de l'enfant et de l'adolescent se consacrant à la plus haute qualité des soins et à l'avancement de la connaissance par la recherche.

La psychiatrie de l'enfant et de l'adolescent en tant que profession assurera la mise à disposition de la connaissance et des soins uniques et à facettes multiples qu'une communauté de soins à l'extérieur de la famille sont nécessaires, les enfants doivent avoir le doit procurer à ses enfants.

Irving Philips, M.D., Président
Kari Schleimer, M.D., Secrétaire-Générale

Umgebung zu leben, die ihnen die gleiche Kontinuität der Versorgung, Zuneigung und Fürsorge bietet, wie sie normalerweise innerhalb der Familie gewährleistet wird. Eine solche Behandlung sollte so familiennah wie möglich in einer so wenig wie möglich einengenden Umgebung und mit den besten klinischen Behandlungsmöglichkeiten erfolgen.

5. Um diese Ziele zu erreichen, brauchen Staat und Gesellschaft Fachleute für eine an den Bedürfnissen der Kinder und Jugendlichen ausgerichtete Planung und für Kinder mit seelischen, Verhaltens- und Entwicklungsstörungen.

Hieraus folgt:

Die International Association for Child and Adolescent Psychiatry and Allied Professions empfiehlt, dass jeder Staat einen nationalen Plan erstellt zur Anerkennung und Unterstützung der Fachrichtungen Kinder- und Jugendpsychiatrie, klinische Psychologie und verwandter Berufe, die sich mit der seelischen Entwicklung von Kindern befassen.

Ein derartiger nationaler Plan muss folgendes sicherstellen:

- a) Eine qualitativ hochstehende Postgraduierten Ausbildung in Kinder- und Jugendpsychiatrie, klinischer Psychologie und verwandten Berufen;
- b) eine ärztliche Ausbildung, die an den Bedürfnissen der seelischen Gesundheit von Kindern und ihren Familien orientiert und in die akademischen Lehr- und Weiterbildungscurricula integriert ist;
- c) eine ausreichende Anzahl von Fachleuten für Prävention, Frühförderung und Behandlung;
- d) Bereitstellung angemessener Finanzmittel von den Gemeinden für alle Kinder;
- e) anäquate und erreichbare Einrichtungen für Behandlung und Versorgung.

Zur Durchführung eines nationalen Plans für Kinder und Jugendliche ist es von essentieller Bedeutung für eine Nation, universitäre Abteilungen für Kinder- und Jugendpsychiatrie zu besitzen, die dem qualitativ höchsten Versorgungsstandard und dem wissenschaftlichen Fortschritt durch Forschung verpflichtet sind.

Die Fachrichtung Kinder- und Jugendpsychiatrie wird dazu beitragen, die Verfügbarkeit der speziellen vielschichtigen Kenntnisse und Versorgungsleistungen sicherzustellen, welche die Gesellschaft für ihre Kinder bereithalten sollte.

Irving Philips, M.D., Präsident
Kari Schleimer, M.D., Generalsekretärin

ANNOUNCEMENTS

The Monograph Series: An Invitation to Submit Ideas and Papers for Possible Future Monographs

As you receive Volume 11 of the Monograph Series of the International Association for Child and Adolescent Psychiatry and Allied Professions (IACAPAP), we are already planning for future volumes.

The 13th International Congress is a rich source of ideas, papers, and symposia that could be the basis for one or more future monographs. If you think that your particular paper, or a group of papers from a symposium, might be of interest for inclusion in a monograph, then please send them to us. However, please be aware that we must carefully select the topics and papers of all monographs so that we can satisfy the goals and needs of IACAPAP. We will not be able to accept many papers, and any papers accepted must conform to our *Guidelines for Authors* before final acceptance.

Copies of previous monographs published by Yale University Press and Presses Universitaires de France are still available from the publishers:

Volume 9: *New Approaches to Mental Health from Birth to Adolescence*, C. Chiland and J. G. Young, editors.

Volume 10: *Why Children Reject School: Views from Seven Countries*, C. Chiland and J. G. Young, editors.

We look forward to hearing from interested authors.

Colette Chiland, M.D., Ph.D., and J. Gerald Young, M.D., Editors

Please send papers to:

J. Gerald Young, M.D.

Professor of Psychiatry

Division of Child and Adolescent

Psychiatry

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550 First Avenue

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International Society for Adolescent Psychiatry

The International Society for Adolescent Psychiatry is holding a regional conference focusing on suicide in adolescents is being organized in Geneva, Switzerland for September 16-17, 1994 by François Ladame, M.D. The title is "Adolescence and Suicide: Beyond Epidemiology - Therapeutic Perspectives."

Information on the meeting is available through the ISAP office:

Mary D. Staples

Executive Secretary

24 Green Valley Road

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215/566-1054 FAX 215/566-2773

Working Group on Children and War

An international working group on children and war has been established under the leadership of Drs. James Garbarino (Erikson Institute), Bennett Simon and Roberta Apfel (Harvard), and Donald Cohen (Yale), with the encouragement and collaboration of IACAPAP. The working group includes more than 50 psychiatrists and psychologists engaged in delivery of services and consultation in relation to the trauma of war as well as inner city violence in many nations. A resource book is in preparation, as well as a monograph. A FAX hotline has been created for dissemination of information to front-line mental health workers dealing with children and families exposed to war: 312/755-2255. The working group will present at the San Francisco conference. For further information, contact: James Garbarino, Ph.D., Erikson Institute, 312/755-2250.

The 14th Congress of IACAPAP will be held in Stockholm, Sweden in 1998.

The following individuals are sponsored as NIMH-IACAPAP Fellows by the National Institute of Mental Health

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**We are grateful to Prof. Philippe Jeammet, M.D.,
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In Memoriam

**IRVING B. PHILIPS, M.D.
President, 1990-1992**

We welcome reminiscences
for a future
Newsletter memorial issue.